

Corporate Core Compliance Education

Office of Assurance and Compliance
Services (ACS)



**Mount
Sinai**

Introduction

This education session will increase and enhance your knowledge about key regulations and how the Corporate Compliance program ensures regulatory guidelines are applied across the Mount Sinai Health System.

- ▶ Code of Conduct
- ▶ Fraud Waste and Abuse
- ▶ Corporate Compliance Helpline
- ▶ Conflicts of Interest and Vendor Relations
- ▶ Accountable Care Org and Performing Provider System

A message from our Chief Compliance Officer....

*Click The Speaker Icon
Below For A Brief Message*



**Frank Cino, MPH, CPA
Senior Vice President,
Chief Compliance Officer,
Mount Sinai Health System**

Why Do We Have a Compliance Program?

Compliance Programs are mandated by both Federal and New York State Law (Office of the Inspector General: OIG; and New York State Office of the Medicaid Inspector General: OMIG)

- ▶ Assures proper regulatory oversight
- ▶ Mitigates risk by proactively developing internal controls to detect fraud, waste and abuse
- ▶ Promotes open and clear lines of communication for individuals to report compliance & ethical concerns without fear of retaliation, supporting a culture of compliance
- ▶ Provides education & training for all levels of staff including trustees and management

Why Do We Have a Compliance Program?

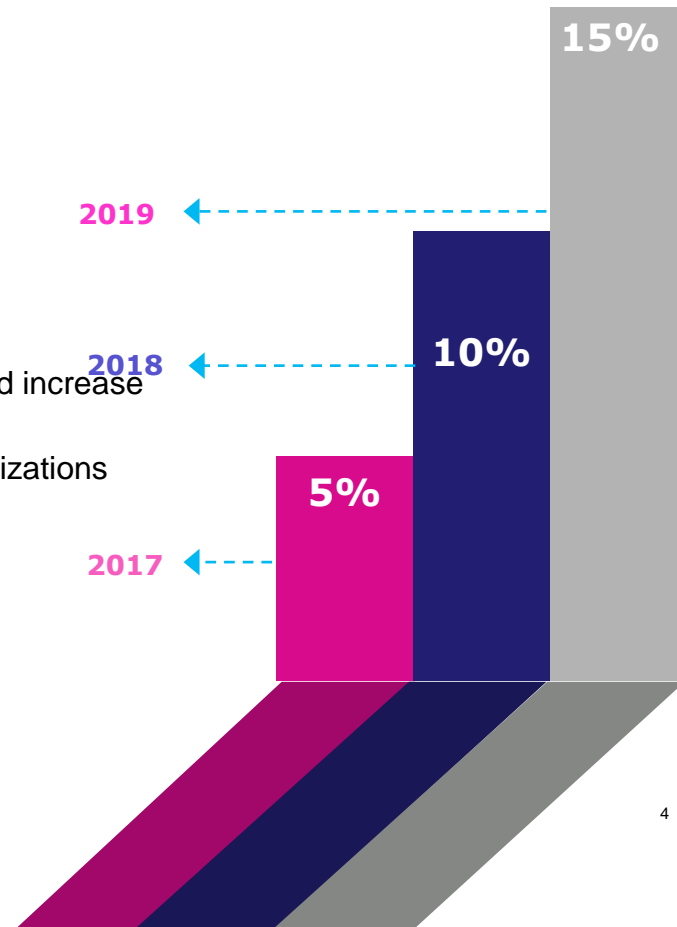
It is important to be continuously aware of regulations that apply to our industry as well as regulatory enforcement trends

Annual health care spending historically approximates \$3 trillion dollars, with an expected 5% increase in yearly costs projected over the next 10 years.

Healthcare fraud represents about 10% of total U.S. Healthcare expenditures; CMS recent estimates indicate they would increase to \$4.01 trillion in 2020.¹

Reason why regulators expect that organizations have a **robust compliance program** to **decrease healthcare fraud**.

The complexity and constant flux in healthcare regulation increases the **necessity** and **urgency** to **reduce risk**.



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It Is Our Expectation That You:

- ▶ Upon hire, and annually thereafter, review & complete mandatory Compliance education training such as Core Compliance, the HIPAA as well as specialized Compliance modules as directed by your Leadership.
- ▶ Recognize compliance issues, and the required methods/expectations for reporting
- ▶ Be aware of the MSHS disciplinary policies for individuals who violate MSHS policies, or encourage, direct, facilitate, or permit non-compliant behavior
- ▶ Understand the resources & responsibilities of the MSHS Corporate Compliance Office

The Office of Assurance and Compliance Services (ACS) is responsible for mitigating risk across all business areas of the Mount Sinai Health System.

Reduce
Risk



Ethics &
Integrity



Combat
Fraud
Waste &
Abuse



Promote
Quality,
Safety &
Value



Code of Conduct

The Mount Sinai Health System Code of Conduct

“One Way...the Right Way”

The Code of Conduct Details the Expectations of all Affected Individuals* and Sets Forth the Minimum Standards of Legal and Ethical Conduct

Principles Relating to:

- ▶ Patients/Family
- ▶ 3rd Party Payors
- ▶ Government Regulators
- ▶ Vendors/Contractors
- ▶ Public
- ▶ Each Other

*Affected Individuals: Board of Trustees; Officers; Executives; Employees; Faculty; Medical Staff members; Residents and Fellows; Students; Volunteers; and Consultants, Vendors and Contractors who on behalf of MSHS furnish or authorize the furnishing of health care item or services, perform billing or coding functions, or who monitor the health care provided by MSHS (i.e., those individuals or entities that contribute to MSHS’s entitlement to payment under the Medicare or Medicaid programs)

The Mount Sinai Health System Code of Conduct

The Code of Conduct is supplemented by more detailed institutional policies such as the Human Resources Rules of Conduct policy #13.2.

The Code can be found at the following Intranet location:

http://intranet1.mountsinai.org/compliance/corporate_compliance/MS_Conduct.pdf

- ▶ Please familiarize yourself with the contents of this Code and continue to uphold these legal and ethical principles.
- ▶ Failure to meet these standards may result in disciplinary action up to and including termination.
- ▶ If you are in doubt about how the Code's principles, standards or policies apply, you may speak with your Supervisor, Human Resources or the Compliance department for guidance.

Compliance with the Code of Conduct is a Requirement of Continued Employment

Fraud, Waste, and Abuse

Fraud, Waste and Abuse Laws

All Hospitals are required to comply with three (3) significant Federal laws:

- ▶ **False Claims Act**
- ▶ **Anti-Kickback Statute**
- ▶ **Self-Referral Laws**



Outside entities, including voluntary physicians and the other outside physician(s)/groups are potential sources of referrals to the Mount Sinai Health System. Certain laws address these relationships and are designed to protect against fraud and abuse within the healthcare industry.

Fraud, Waste and Abuse Laws Definitions

- ▶ **Anti-Kickback Statute** (42 USC § 1320a-7b(b)) – Prohibits offering, paying or soliciting or receiving anything of value to induce “referrals”. Convictions under this statute are considered criminal and can result in large fines, penalties and incarceration.
- ▶ **Physician Self-Referral Statute (Stark)** (42 USC § 1395nn). A physician cannot refer patients for designated health services (DHS) to entities in which the physician has a financial stake, either directly or through an immediate family member. **The Stark Law permits physician referrals when you have a financial relationship with an entity that falls within an allowable exception such as an employment or lease arrangement.**
- ▶ **False Claims Act (FCA)** – Prohibits submission of false or fraudulent claims to the Government. Over 70% of FCA settlements in prior years have come from relators, also known as whistleblowers.

The Deficit Reduction Act of 2005 (“DRA”) & The False Claims Act (“FCA”)

The Federal Deficit Reduction Act (“DRA”) of 2005, Section 6032, requires entities that make or receive annual Medicaid payments of \$5 million or more to provide, in writing, policies applicable to all employees, contractors and agents, detailed information about:

- ▶ The Federal False Claims Act (“FCA”) and any state laws that pertain to civil or criminal penalties for making false claims and statements, as well as the “whistleblower” protection under such laws.
- ▶ The rights of the employees to be protected as “whistleblowers” when they report suspected violations of such laws.
- ▶ The organization’s methods for detecting and preventing Fraud, Waste and Abuse (“FWA”)



Did you know?

The MSHS as a NYS Medicaid provider must provide an annual certification to OMIG because we receive greater than \$5 million in Medicaid payments

Healthcare Fraud

Each year, the federal government spends more than *\$845 billion* on Medicare and Medicaid, of which nearly *\$103 billion*⁴ are related to improper payments.

A recent Government Accountability Office (GAO) report found fraudulent billing makes up nearly *68%* of all resolved healthcare fraud cases, and fraudulent billing accounts for nearly *42%* of convictions and judgments.²

Fraudulent billing is deemed the most prevalent form of healthcare fraud

The GAO found other common schemes comprised healthcare fraud including:

- **Falsifying records (25%)**
- **Kickbacks (21%) and,**
- **Fraudulently obtaining controlled substances or misbranding prescription drugs (21%).**

4. <https://www.cms.gov/newsroom/fact-sheets/2019-estimated-improper-payment-rates-centers-medicare-medicaid-services-cms-programs>

Healthcare Fraud

Common examples of provider fraud that are relevant in our day-to-day responsibilities:

- ▶ Billing for services that were not provided (e.g., a chest x-ray that was never taken)
- ▶ Duplicate billing which occurs when a provider bills Medicaid and also bills private insurance and/or the recipient for the same service
- ▶ Upcoding, (e.g., providing a simple office visit and billing for a higher level comprehensive visit)
- ▶ Having an unlicensed person perform services that only a licensed professional should render, and bills as if the licensed professional provided the service
- ▶ Acceptance of illegally referred Medicare and Medicaid patients
- ▶ Kickbacks to pharmacy providers

Examples of Recent Settlements



Stark Law violations

Southern CA hospital willing to pay over **\$3 million** to resolve “Documentation Violations”, and **92 arrangements** with other physicians who failed to qualify for acceptable exceptions.⁴

STARK Law has **36** acceptable exceptions



RN gets jail time for Medicaid billing fraud

1 year in prison for stealing \$390K over a five-year period.³



Medical Billing Fraud Case

New York health system **pays \$15.6 million** to settle billing fraud case

Health Quest Systems admitted submitting claims to government payers for evaluation and management services that were billed two levels higher than supported by the medical record.⁵



Medicare and Medicaid Fraud Allegations.

San Diego laboratory testing company pays **\$2 million** to settle allegations of submitting false claims to Medicare.⁶

4. Source: Various healthcare publications, 2016.

3. <https://www.beckershospitalreview.com/legal-regulatory-issues/nurse-gets-jail-time-for-393k-billing-fraud-scheme.html>

5. <https://www.beckershospitalreview.com/legal-regulatory-issues/new-york-health-system-pays-15-6m-to-settle-billing-fraud-case.html>

6. www.beckershospitalreview.com/legal-regulatory-issues/15-false-claims-act-settlements-over-1-5m.html

Compliance is everyone's responsibility

Compliance is everyone's responsibility.

“Compliance is thinking ahead and staying alert”.

Be proactive. Here's how:



Suspect Fraud? Please Call.

What are the Penalties?

Those who defraud the federal and/or NYS government can end up paying triple (or more than) the damage done to the government or a fine (currently a maximum of \$23,000) for every false claim, in addition to the claimant's costs and attorney's fees.⁷ These monetary fines are in addition to potential incarceration, revocation of licensure and/or becoming an "excluded" individual.

You do not have to intend to defraud the Government to violate the False Claims Act

You can be punished if you act with **deliberate ignorance or reckless disregard** of the truth



If you are aware of or suspect fraudulent practices within the institution, you should report it to the Office of Assurance and Compliance Services or to the **Confidential Corporate Compliance Helpline (800) 853-9212.**

7. <https://oig.hhs.gov/compliance/provider-compliance-training/files/StarkandAKSChartHandout508.pdf>



The Corporate Compliance Helpline

Why a Compliance Helpline and How Does it Work?

One of Mount Sinai's most important assets is its reputation for lawful and ethical behavior. We are all responsible for complying with a wide range of legal requirements.

The Helpline was specially created **to answer your questions** if you are unsure about compliance with legal requirements or institutional policies. It can also serve as a **resource to report possible violations**.

The Helpline is **staffed by contracted third party professionals** who are trained to assist callers to report concerns and violations. The Hotline is available **24 hours a day, 7 days a week, including holidays**. Callers can remain anonymous. **All calls are treated as confidential**.

You are encouraged to report your concerns or violations through your department leadership's reporting structure, however the Helpline offers another reporting alternative.

Why a Compliance Helpline and How Does it Work?... *(continued)*

Each call is reviewed and addressed by an appropriate member of the Compliance Department. The Compliance staff member can address concerns, provide guidance, answer questions, and investigate possible violations of the laws or to organizational policy. The Compliance Office staff and Compliance Officer shall maintain the anonymity and confidentiality as requested by any one making a report. The anonymity and confidentiality of the inquiry will be maintained even if the inquiry review is escalated to the Compliance Officer.

During the course of an audit or investigation, serious issues identified by the Compliance Department will be reported to the Compliance Officer, to the Office of Medicaid Inspector General (OMIG), the Department of Health (DOH) or other external government agencies (e.g., HHS, EPA, OSHA, etc.)

If you are unsure of whether the conduct you are concerned about is improper, the Hotline can provide information and help clarify the issue.

Discipline for Violations

We will take disciplinary action, including termination when appropriate, against any individual who violates any legal requirements or institutional policies, including anyone who fails to report violations or retaliates against any individual for reporting in good faith a possible violation, or who encourages, directs, facilitates, or permits non-compliant behavior. All inquiries are monitored by the Assurance and Compliance Office to ensure proper follow-up and resolution.

Reporting Violations



You are expected to come forward

Reports should be made either in person, by telephone or in writing to any of the following:

- ▶ Your Supervisor
- ▶ The Human Resources / Labor Relations Department 212-241-8381
- ▶ The Mount Sinai Health System Compliance Office 212-241-3211
- ▶ The Compliance Helpline 1-800-853-9212
- ▶ The HIPAA Office 646-605-7130
- ▶ Resident/Fellow Duty Hours Helpline 866-MD-Hours/866-634-6877

There shall be no retaliation for good faith reporting of actual or possible violations of MSHS's policy, federal, or state requirements.

Non-Retaliation and Non-Intimidation Policy

The Mount Sinai Health System follows Federal and New York State laws that protect employees from retaliation and intimidation when they report suspected or known violations or misconduct in good faith.

What are some examples of Protected Activities?

- Filing a discrimination/harassment claim
- Cooperating with a workplace investigation
- Reporting concerns about unsafe or illegal activities

Non-Retaliation and Non-Intimidation Policy



What is Retaliation and Intimidation?

- Intimidation is any behavior, gesture or written, verbal or physical act that is reasonably perceived as being motivated by the reporting of suspected or known violations or misconduct

All complaints are fully investigated by the Compliance department.

Each Department Administrator has primary responsibility for administering, implementing and educating Department employees regarding this policy.⁸

⁸

http://policies.mountsinai.org/web/corporate-compliance/policies/-/policy-management/viewPolicy/207337?p_p_lifecycle=0&p_p_state=maximized&p_p_mode=view

“One Way...the Right Way”

Confidential Compliance Helpline:

1.800.853.9212

Complianceinfo@mountsinai.org



Partner with us and Champ for Compliance success!

**CHAMP THE DOG, OFFICIAL
COMPLIANCE SPOKEPERSON**



Conflicts of Interest and Vendor Relations

Conflicts of Interest Program at the Mount Sinai Health System

By leadership design, the Conflicts of Interest program at Mount Sinai is comprehensive and includes:



Faculty Conflicts of Interest Office



Staff Conflicts of Interest Office



Financial Conflicts of Interest in Research

Definition of a Conflict of Interest

In clinical care settings, a conflict of interest is defined as “a set of circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary interest.”^{9,10}

A conflict of interest occurs:

- When an individual’s private interest interferes in any way
- Or appears to interfere with the interests of the organization as a whole



Conflicts are sometimes inevitable



Conflicts do not imply guilt



Disclosures do not equal conflict



Most conflicts are manageable



Education, guidance & awareness are essential

9. Section 303A of the NYSE Corporate Governance Rules

10. AAMC Report of the Task Force on Financial Conflicts of Interest in Clinical Care, June 2010

Conflicts of Interest: Regulatory Framework

Relationships in healthcare are often complex and are often scrutinized by regulatory entities even as the volume of industry partnerships increase rapidly. Testing the appropriateness of a proposed relationship is **no longer optional** in today's environment, and its importance should not be overlooked.

For any type of organization, identifying and resolving conflicts of interest (COI) is crucial to good governance

From the Board's oversight for compliance with State and Federal Laws to decision-making at every level of the organization, the need for unbiased information to support business decisions continues to grow.

Conflicts of Interest Policies

Why do we have Conflicts of Interest (COI) Policies and a COI Program?

To ensure that decisions are made solely to promote the best interests of Mount Sinai and our patients *without favor or preference based on personal considerations*.

In order to avoid conflicts or the appearance of conflicts, MSHS has established guiding principles in the Business Conflicts of Interest (for faculty and staff) and the Trustee/Institutional Leader Conflicts of Interest policies.¹¹

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http://intranet1.mountsinai.org/compliance/corporate_compliance/BCOI_Policy_Revised_8_2015.pdf

http://policies.mountsinai.org/web/corporate-compliance/policies/-/policy-management/viewPolicy/536424?p_p_lifecycle=0&p_p_state=maximized&p_p_mode=view

Conflicts of Interest Policies

What does the COI policy state?

- ▶ MSHS mandates that all trustees, faculty, certain staff members, institutional officials, and members of select committees complete an annual disclosure statement via “**The Annual Report of Relationships with Outside Entities**” in Sinai Central.
- ▶ There is an obligation to disclose any outside relationship, paid or unpaid, with an entity that does or seeks to do business with Mount Sinai, or competes with Mount Sinai.
- ▶ All relationships/outside activities will be reviewed by a Conflicts Committee to determine appropriateness and/or create management plans, as necessary, in order to remove the conflict or appearance of a conflict.
- ▶ There is an obligation to continually update the annual disclosure statements within 30 days of the date of the change.

Interactions with Vendors: Potential Risk Areas

Interactions with vendors and Other Commercial Entities represent a potential risk area

The Faculty and Staff Conflicts of Interest Offices review the following types of engagements, among others, to ensure Conflicts of Interest are avoided and industry standards for agreements are met.

- ▶ Industry-Funded Speaking Engagements
- ▶ Consulting Relationships
- ▶ Vendor Sponsorship for Educational Events
- ▶ Participation in videos, brochures, press releases, etc.



Review is required by the respective COI Office.

All educational materials must be generic and free of endorsement from any product, service or company

The Mount Sinai Health System: Vendor Relations Policy

Relations with vendors are common in our industry and can often be complex. Whether the objective is to disseminate important scientific information or to achieve optimal business outcomes, it is important that vendors abide by our institutional policies and expectations.

Vendor representatives who visit our facilities must adhere to the following:

- ▶ Mount Sinai policies and expectations
- ▶ A registration process via a third party vendor
- ▶ Pre-scheduled appointments
- ▶ No provision of gifts or samples



Access to our campuses may be revoked if it is determined that a vendor has deliberately ignored our policies and expectations.

The below policy must be consulted and followed:

Staff corporate Vendor Relations policy <https://mshs.policytech.com/dotNet/documents/?docid=13696>

MSHS Conflicts of Interest Program Key Contact List

Conflicts of Interest (COI) have become an emergent compliance topic in recent years. Anyone who believes he or she has a conflict of interest or the appearance of a conflict of interest must promptly report it to his or her supervisor, department manager or the Corporate Compliance Office.

Conflicts of Interest Area	Name	Title	Email
Staff Conflicts of Interest	Vivian Dillon	Sr. Director	Vivian.Dillon@mountsinai.org
Staff Conflicts of Interest	Alma Azua-Cassady	Manager	Alma.Azua-Cassady@mountsinai.org
Industry Engagement & Faculty Conflicts of Interest	Helpline: (212) 241-0845		Conflicts.of.Interest@mssm.edu

Mount Sinai is an Accountable Care Organization (ACO)



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The Role of Assurance and Compliance for Mount Sinai's ACO

Mount Sinai Health System's Office of Assurance & Compliance Services helps ensure Mount Sinai's Health System's ACO follows federal and state requirements and offers education, training and support to our employees and network partners, as appropriate.

What is an Accountable Care Organization (ACO)?

An Accountable Care Organization (ACO) is a network of doctors and hospitals that shares responsibility for delivering high-quality, coordinated care to patients.

Mount Sinai Health System participates as an ACO in the Medicare Shared Savings Program (Shared Savings Program), a health care delivery model sponsored by the Centers for Medicare & Medicaid Services (CMS).

Through the Shared Savings Program, **Mount Sinai Health System's** ACO (New York Medical Partners ACO, LLC) works to provide high quality service and care, while reducing the growth in Medicare expenditures through enhanced care coordination. New York Medical Partners ACO is responsible for approximately **50,000** Medicare fee-for-service beneficiaries in the New York metropolitan area.

The Role of Assurance and Compliance for Mount Sinai's ACO

- The **ACO** is **not** a managed care organization, does **not** use closed networks of providers, and does **not** limit a Medicare beneficiary's "free choice" of Medicare providers.
- The **ACO** follows **Mount Sinai Health System's Code of Conduct**, and abides by the standards set by the **Assurance & Compliance Services Department**
- The **ACO** encourages the report of suspected non-compliance or suspected fraud, waste or abuse by contacting the Compliance Helpline **1-800-853-9212** or by following the guidance provided in this **Mount Sinai Health System's Core Compliance Program Education**
- For more information on the Code of Conduct and the Assurance and Compliance Services Department, please click the following link:
http://intranet1.mountsinai.org/compliance/mission_statement.asp

“Providers and Staff”



- ▶ Be careful not to imply, insinuate, or suggest that a patient is prohibited from going anywhere else; patients retain the right to receive services from any provider
- ▶ Educate all ACO Patients (red flagged in EPIC)

Insurance: MEDICARE PART A AND B Code: Prior Alert
MyChart: Inactive Health Maintenance
FYI: None

Readmit Risk: High
Program: ACO, --, --, --

- ▶ Ensure Quality Measures are Met
- ▶ Help Improve Patient Satisfaction

“Providers and Staff”

- Patient referrals may NOT be restricted to within **Mount Sinai Health System’s ACO**.
- Marketing and patient communications about the **ACO** are strictly regulated.
- **The ACO** program’s data access and use is strictly regulated. Sharing data outside the ACO is generally prohibited.
- **(New York Medical Partner’s ACO, LLC)** abides by the **Mount Sinai Health System’s HIPAA Privacy and Security Program**.

For more information about **our ACO**, please visit the following link:

<https://www.mountsinai.org/about/aco>

The New York Delivery System Incentive Payment Program: DSRIP



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The New York Delivery System Incentive Payment Program: DSRIP

What is DSRIP?

- ▶ An effort between the New York State Department of Health (NYSDOH) and the Federal government to improve the health and access to care of the Medicaid population
- ▶ New York State reinvested \$8 billion to redesign the Medicaid System
- ▶ There are approximately 20 PPS Leads in the New York City area (Bronx, Manhattan, Brooklyn, Queens, and Staten Island) participating in DSRIP

Goals:

Provide incentives to healthcare providers to build infrastructure and implement innovative programs to improve population health

- ▶ Performance based
- ▶ Must choose from a list of approved DSRIP projects
- ▶ Reduce avoidable hospital visits statewide **by 25%** over the next five years

The New York Delivery System Incentive Payment Program: DSRIP

DSRIP Core Principles:

- ▶ **Patient Centered** - Improving patient care and experience through a more efficient, patient-centered and coordinated system
- ▶ **Transparent** - Decision making process takes place in the public eye and that processes are clear and aligned across providers
- ▶ **Collaborative** - Collaborative process reflects the needs of the communities and inputs of the stakeholders
- ▶ **Accountable** - Providers are held to common performance standards, deliverables and timelines
- ▶ **Value Driven** – Focus on increasing value to patients, community, payers, and other stakeholders

Mount Sinai's PPS

What is a Performing Provider System “PPS”?

MSPPS is a separate legal entity of Mount Sinai Hospital and is responsible for developing an infrastructure sustainable to support the planning and implementation of clinical projects tied to the goal of reducing avoidable hospitalizations, improving the quality of care and health outcomes for our most vulnerable populations while reducing overall costs.

In partnership with over 300,000 providers serving Manhattan, Brooklyn, Queens, MSPPS is working to integrate services through projects that will include:

- ▶ The creation of an integrated delivery system
- ▶ Development of care transition services after hospitalization
- ▶ Home care and nursing home collaboration, and others.

Mount Sinai's PPS

The MSPPS's provider network includes physicians, hospitals, clinics, nursing homes, behavioral health and substance abuse providers, social services organizations, housing providers and care management programs.

Concerns related to the DSRIP may be directed to Assurance and Compliance Services or through our Confidential Compliance Helpline 1-844-MS-DSRIP (673-7747).

More information on the Mount Sinai PPS can be found at <http://mountsinaipps.org/>

Assurance & Compliance Services Department Key Contact List

Program Area	Name	Title
All	Frank Cino	SVP, Chief Compliance Officer
All	Lou Schenkel	VP, Chief Privacy Officer
All	Darrick Fuller	VP
Corporate Compliance	Vivian Dillon	Sr. Director
HIPPA Privacy & Security	Heather Chamides	Director
HIPPA Privacy & Security	Raymond Shelton	HIPAA Security Officer
Billing Compliance	Kaysha Lall	Director
Env. Health & Safety	Sal Tranchina	Sr. Director
Research Compliance	Vivian Mitropoulou	Director

For more information about the Assurance & Compliance Services Department please visit the following link: <http://intranet1.mountsinai.org/compliance/home.asp>

Compliance Starts with YOU!

