

Health Network Solutions

Compliance & Cultural Competency Training
for Contracted Health Care Professionals



Introduction

Compliance Training



HNS has developed a compliance program to establish a culture within the HNS network that promotes prevention, detection, and resolution of conduct that does not conform to federal and state law, federal, state, and private payor health care program requirements, and/or HNS' ethical and business policies.

The HNS Compliance Program requires HNS to provide compliance training to contracted health care professionals. Compliance training helps increase awareness of our legal environment and helps us detect and prevent violations of laws applicable to our industry.

CMS requires that the compliance training provided by organizations like HNS include certain specific information published by CMS. Accordingly, those slides are included in this training module at the end of HNS' Compliance Training. These slides are easily identified by the slide colors of blue and yellow.

Introduction

Cultural Competency



HNS' Cultural Competency Program helps improve your ability to more effectively interact with patients of different cultures and different social and economic backgrounds, allowing you to provide the highest quality of care to every patient regardless of race, ethnicity, social, or cultural background.

(Much of the guidance included in this cultural competency training is part of CIGNA Healthcare's Cultural Competency Training Program. HNS thanks CIGNA for allowing HNS to share this information with our contracted health care professionals.)

CEUs / CE Certificate



This Training Module has been approved for **4 CEUs** by both the NC and SC Board of Chiropractic Examiners.

Upon the successful completion by the physician of the online Compliance Quiz, the physician will be prompted to print the CE Certificate as evidence of his/her completion of the compliance.

If you are a NC physician, HNS will report the 4 CEUs you have earned to the NC Board of Chiropractic Examiners within the next 30 days.

If you are a SC physician, please retain your HNS CE Certificate as evidence of your successful completion of the CE program.

CA Training: On the HNS Website, under the heading “CA Training”, there is a link (“Print Certificate”). CAs should print this certificate and save as evidence of completion of their annual compliance training.

Commitment to Compliance



Compliance is everyone's responsibility.

HNS is committed to conducting our business in accordance with the highest ethical standards and in accordance with federal and state laws and regulations that govern our industry.

HNS expects that same commitment from our contracted health care professionals.



HNS' Compliance Training



Education and training regarding the laws and regulations that govern the health care industry is essential to ensure compliance to those laws.

Consistent with compliance program guidance published by the OIG, HNS has developed compliance training (and these compliance policies) for contracted health care professionals. HNS' Compliance training shall be consistent with CMS Compliance Training Requirements and any training requirements required by HNS contracted healthcare plans.

A primary focus of HNS' Compliance training is to ensure contracted health care professionals understand relevant laws and regulations laws so that instances of non-compliance can be promptly identified and remediated.

Limitations on HNS' Compliance Training



This training module provides general information regarding compliance, fraud, waste and abuse laws, HIPAA/HITECH laws, security awareness, and HNS' compliance policies.

Neither the content of this training module nor the information in this section of this website are offered as, or constitute, legal advice. No one should rely on this training module, information included on the HNS website, or information obtained from HNS representatives, without first seeking appropriate professional legal advice.

HNS makes no claim, promise, or guarantee of any kind about the accuracy, completeness, or adequacy of the content of the presentation and expressly disclaims liability for errors and omissions in such content.

Goals of Compliance Training



The goals of HNS' compliance training are to:

- ❧ **Promote ethical conduct and business practices;**
- ❧ **Help you understand your compliance responsibilities as an HNS contracted health care professional;**
- ❧ **Help ensure your familiarity and compliance with HIPAA and HITECH laws and regulations and fraud, waste and abuse (FWA) laws;**
- ❧ **Assist you in the prevention, detection and resolution of accidental and intentional non-compliance with those laws;**
- ❧ **Ensure you understand your responsibilities for preventing, detecting, and reporting violations, and of HNS' disciplinary actions for non-compliance.**

Who Must Complete this Compliance Training?



- ❧ **HNS contracted health care professionals.**
- ❧ **All employees** of contracted health care professionals.
- ❧ **Vendors/contracted individuals or entities.**
If your organization has contracted with individuals or entities to provide health and/or administrative services on behalf of federal health plan members, you must also provide this training to those subcontractors. *(An example of an entity to which you must provide this training is a billing company you contract with for billing/collection services.)*



Written Standards & Policies



Pursuant to compliance guidance issued by the Office of the Inspector General (OIG), HNS has developed written compliance policies (***HNS Compliance Policies for Contracted Health Care Professionals***) which establish HNS' compliance expectations for contracted health care professionals. *Those policies supplement this training , are posted on the HNS Website, and should be carefully reviewed.*

Additionally, HNS maintains written business policies and procedures (P&Ps) for contracted health care professionals developed to improve quality of care, treatment outcomes, and to provide guidance for routine and required operational processes. HNS' P&Ps will comply with all applicable federal and state laws, regulations, and requirements related to Medicare, Medicaid, and private health care programs. These policies are posted on the HNS website.

HNS reserves the right to periodically review and revise its policies and will provide timely notification to contracted health care professionals of any material changes.

Compliance Responsibilities



Based on recommendations by the OIG for organizations like HNS, which contract with health care professionals, HNS has enumerated those compliance functions that are shared responsibilities of HNS and our contracted health care professionals, those which are the sole responsibility of HNS, and those which are the sole responsibility of contracted health care professionals.

Shared Responsibilities of HNS and HNS Contracted Health Care Professionals



The following
are responsibilities of
both
HNS and contracted health care professionals.

Shared Responsibilities of HNS and HNS Contracted Health Care Professionals



Both HNS and our contracted health care professionals are responsible for:

- ❧ Complying with all applicable federal and state laws and regulations;
- ❧ Adhering to the HNS Standards of Conduct, Code of Ethics, and generally recognized professional ethical standards;
- ❧ Cooperating with all compliance investigations;
- ❧ **Developing and maintaining a written compliance plan that seeks to detect, prevent, and correct instances of non-compliance; and which specifically includes policies and procedures for compliance to both HIPAA regulations and fraud, waste and abuse laws.**
- ❧ Maintaining all records relating to compliance programs for a period of 10 years;

Shared Responsibilities of HNS and HNS Contracted Health Care Professionals



Both HNS and our contracted health care professionals are responsible for:

- ✧ Investigating and correcting instances of non-compliance;
- ✧ Reporting all suspected or actual instances of non-compliance and immediately escalating any incidents of suspected fraud, waste and abuse;
- ✧ Ensuring employees and contractors are eligible for participation in federal health care plans (both at initial hire and monthly thereafter) by querying the OIG's List of Excluded Individuals & Entities (LEIE);
- ✧ Retaining documentation which substantiates that the organization conducted the initial and monthly reviews of the List of Excluded Individuals & Entities. This information must be available upon request by HNS, contracted health care plans, and CMS. These records must be maintained for 10 years;

Shared Responsibilities of HNS and HNS Contracted Health Care Professionals



Both HNS and our contracted health care professionals are responsible for:

- ✧ Removing any employee (or contractor) who has *pending* criminal charges relating to health care, or *proposed exclusion* from participation in any federally or state funded health care program from direct responsibility or involvement in any federally or state funded health care programs;
- ✧ Ensuring we do not act in a manner that prohibits competition. We shall not communicate formally or informally with competitors to fix or control prices, allocate markets, boycott customers or suppliers, or limit the sale of our products/services;

Shared Responsibilities of HNS and HNS Contracted Health Care Professionals



Both HNS and our contracted health care professionals are responsible for:

- ✧ Ensuring that we develop, implement, enforce, and audit policies and procedures to identify, investigate and report instances of fraud, waste or abuse.
- ✧ Ensuring that we develop, implement, enforce, and audit policies and procedures to ensure the privacy and security of protected health information (PHI) and the confidentiality of personal and other information protected by statute;
- ✧ Ensuring appropriate safeguards are in place to maintain the integrity of our information and billing systems and to prevent the unauthorized access of computer systems, including but not limited to, anti-virus protection and appropriate internal safeguards; and
- ✧ Maintaining back-up systems that ensure our ability to retrieve data in the event of an emergency or disaster.

Responsibilities of HNS



The following
Compliance Policies
represent the responsibilities of HNS.

Responsibilities of HNS



Integrity of HNS Employees

Prior to, or within the first 30 days of employment with HNS, HNS shall conduct reasonable and prudent background investigations of each employee which shall include criminal background checks.

HNS shall prohibit employment of individuals who have been recently convicted of a criminal offense related to health care or who are listed as debarred, excluded, or otherwise ineligible for participation in federal health care programs.

HNS shall prohibit contracting with individuals or entities who are ineligible for participation in federal health care programs.

Responsibilities of HNS



Education and Training

HNS shall be responsible for making compliance training available to our employees, officers, directors (herein after referred to as HNS personnel), and to all contracted health care professionals, both for their own training and for training their staff members.

Open Communication

HNS shall be responsible for ensuring open and effective lines of communication between HNS and HNS personnel, and between HNS and our contracted health care professionals.

HNS shall maintain toll-free telephone and facsimile lines to promote open and frequent communication. HNS shall communicate those numbers to HNS personnel, to members, and to HNS contracted health care professionals by posting those numbers on the HNS website.

Responsibilities of HNS



Quality of Health Care Data

HNS shall be responsible for ensuring we do not alter or modify the health care data on claims received from contracted health care professionals.

HNS shall be responsible for ensuring the accuracy of claims data manually input into HNS computer systems by HNS personnel.

Except as indicated here, HNS shall not be responsible for the accuracy, validity, or quality of claims data submitted to HNS by contracted health care professionals.

Auditing / Monitoring

HNS shall conduct periodic monitoring and auditing for compliance to laws and regulations.

Responsibilities of HNS



Suspicious Claims

HNS shall prevent the submission of all claims when HNS suspects fraud or deceit until such time as HNS can determine if a violation has occurred. HNS shall notify the contracted health care professional, in writing, of this determination within 30 days of the date of the determination. The notification shall include all claim specific information and the rationale for such a determination.

Duplicate Billing

HNS shall implement internal controls designed to prevent the submission of duplicate claims. (*HNSConnect*[®] shall include an edit designed to identify duplicate claims (as defined by HNS parameters) and prevent the submission of those claims.)

Responsibilities of HNS (Government Investigations/FWA)



HNS shall not allow any provider to remain in the HNS Network who is under investigation for suspicion of FWA by any government agency .

Should the result of any such investigation conclude the provider was not guilty of fraud, waste or abuse, the provider, if otherwise qualified, may be eligible to reapply for participation in the HNS Network.

Responsibilities of HNS



Notification

HNS shall be responsible for the timely notification to HNS personnel and contracted health care professionals of suspected violations of applicable laws, HNS' policies, and the policies of contracted health care plans, as well as the results of the investigation of such violations.

Sanctions for Non-Compliance

HNS shall be responsible for developing and enforcing disciplinary guidelines and sanctions for non-compliance and shall ensure HNS' Sanction Policies are well publicized by posting these policies in a prominent location at HNS offices and on the Compliance section of the HNS website.

Compliance Training Responsibilities



Training Requirements for Contracted Health Care Professionals

- ✧ **Initial Training:** contracted health care professionals shall complete this training module within 20 days of the effective date of their participation in the HNS Network.
- ✧ **Annual Compliance:** contracted health care professionals shall complete this training annually, by the last day of **August** of each year (unless another date is specified by HNS).
- ✧ **Compliance Training Certification: Each year,** all contracted health care professionals must complete the Compliance Training and successfully pass the Compliance Training Quiz.
Please note – the quiz is only to be taken by physicians, and to take the quiz, the physician must log in using his/her own personal username and password. Upon successful completion of the training and passing the quiz, the health care professional will receive a system generated email confirming that the physician has successfully passed the quiz.

Compliance Training Responsibilities



Employee Training Required

Contracted health care professionals shall ensure all their employees complete this training module **annually**.

Vendor Training Required

Contracted health care professionals shall ensure that applicable vendors/contractors receive this training **annually**.

Compliance Training Responsibilities



Compliance Training Requirements for Staff members and Vendors

Annual Compliance Training:

All staff members and applicable vendors must complete annual compliance training.

**Please do not send staff member
or vendor certificates to HNS but be sure
to retain these for your records.**

Retention of Training Records



Retention of Compliance Records

Contracted health care professionals shall maintain ALL records associated with their own compliance training; the training of their employees and contractors and vendors (as applicable) for **10 years**. At a minimum, records which must be maintained include:

- ☞ The name of the individual or entity that completed the training;
- ☞ The date of the training;
- ☞ The training material used (i.e. a copy of this training module); and
- ☞ Copies of the HNS Compliance Training Certification.

These records shall be available if requested by HNS, contracted health care plans, and/or CMS.

Failure to Comply with Training Requirements



Failure to comply with all **HNS Compliance Training requirements**, as outlined herein, may result in the temporary suspension of contracted health care professional's access to *HNSConnect*[®], or to the submission of claims to HNS via *Office Ally*[™], and/or termination from the network.

Ethical Standards



Ethical and Professional Standards



Each of us must comply with all federal and state laws and regulations. Our first and most fundamental obligation is to **obey both the letter and spirit of the law.**

Contracted health care professionals shall adhere to generally recognized standards of medical and professional ethics, the ethical and professional standards set forth by their respective licensing board, and the **HNS Code and Standards of Conduct.**

HNS' Code of Conduct



The HNS Code of Conduct is a guide that helps us carry out our day-to-day professional responsibilities in accordance with the highest possible standards of ethical behavior and in compliance with laws that regulate our business.

Everyone in the HNS Network shall:

- ✧ Conduct themselves in a manner consistent with generally accepted ethical principles and the HNS Code and Standards of Conduct;
- ✧ Treat each other and all those we serve with kindness, respect, and the highest degree of integrity and professionalism;
- ✧ Conduct themselves in accordance with all state and federal laws and regulations, HNS policies, and the policies of contracted health care plans; and
- ✧ Perform all responsibilities professionally, diligently, in good faith, in the absence of any conflicts of interest, and to the best of their ability.

Standards of Conduct



Each of us is expected to act with the highest degree of integrity and professionalism.

All contracted health care professionals shall at all times conduct business with fairness, honesty, integrity, professionalism, and consistent with HNS Compliance Policies, and with respect for the laws applicable to the health care industry.

Even in cases where interpretation of the policies, law or this Standard could be ambiguous, permissive, or lenient, HNS expects its contracted health care professionals to **always do the right thing, in the right way,** and choose the course of honesty and integrity.

Legal Standards (Relevant Laws)



While the scope of this Compliance Training may be expanded in the future to cover additional areas of regulatory compliance applicable to the health care industry, this section of the training focuses on the following laws:

- ❧ Fraud, Waste and Abuse (**FWA**) Laws
- ❧ Personal Information Privacy and Security Laws (**HIPAA**)



Fraud, Waste and Abuse (FWA)



FWA is Everyone's Problem



Health care fraud and abuse is a national problem that, either directly or indirectly, affects all of us.

National estimates project that billions of dollars are lost to health care fraud and abuse on an annual basis.

These losses lead to increased health care costs and potential increased costs for health care coverage.

FWA laws apply to all HNS contracted health care professionals.

Written FWA Policies & Procedures



Each physician's compliance plan
must specifically include
written policies and procedures
intended to ensure compliance to
fraud, waste and abuse laws.

What is Fraud, Waste & Abuse?



Fraud is knowingly and willfully executing, or attempting to execute, a scheme to:

- ❧ Defraud any health care program; and/or
- ❧ 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, a health care program.

Waste is overutilization of services or other practices that directly or indirectly result in unnecessary costs to our health care system. Waste is generally not considered to be caused by criminally negligent actions, but rather by misuse of resources.

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to America's health care system. Abuse involves payment for items/services when there is not a legal entitlement to that payment, and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

Investigations

Fraud, Waste & Abuse



Contracted health care professionals shall *immediately* notify HNS should they (or any health care professionals working in their practices) **become the subject of any investigation related to fraud, waste or abuse**, by any regulatory, authoritative body, or by any other organization, including but not limited to, any health care plan contracted with HNS.

Differences Between Fraud, Waste & Abuse



The real difference between fraud and waste and abuse is the person's intent.

Fraud is an *intentional* deception or misrepresentation that someone makes, knowing it is false, that could result in unauthorized benefit/payment. It is important to note that attempt itself is fraud, regardless of whether it is successful.



Waste and abuse involves actions that are inconsistent with accepted, sound medical, business, or fiscal practices. Waste and abuse result in unnecessary costs to CMS and America's health care delivery system through improper payments.

Examples of FWA

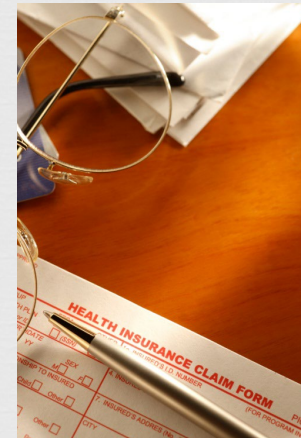


Examples of fraud:

- ❧ Intentionally billing for services not furnished
- ❧ Upcoding
- ❧ Altering medical records to justify payments

Examples of waste and/or abuse:

- ❧ Billing for services that are not medically necessary
- ❧ Performing unnecessary tests on a beneficiary to establish medical necessity
- ❧ When the diagnosis for the member is not supported in the medical record
- ❧ Retaining reimbursement for services not owed to the health care professional



Quality of Health Care Data



Quality of Health Care Data

Contracted health care professionals shall ensure the validity, reliability, accuracy, and quality of health care data submitted to HNS and to any federal or private health care plan.

The validity, reliability, accuracy, and quality of health care data submitted to HNS by contracted health care professionals shall be the ***sole responsibility*** of the contracted health care professional who provided the services (and/or under whose supervision the services were provided), and whose name is on the claim form as the rendering provider.

HNS' Response to Suspected FWA



If HNS suspects fraud, waste or abuse by a contracted health care professional, HNS may refrain from the submission to payors, any claims submitted by the physician, until an investigation has been completed and/or until a final determination has been made.

FWA Regulatory Agencies



The primary regulatory agencies for FWA laws are:

- ✧ **The Department of Health & Human Services (DHHS) Office of the Inspector General (OIG)**
- ✧ **Centers for Medicare and Medicaid Services (CMS)**
CMS is a federal entity within the U.S. Department of Health and Human Services. CMS is responsible for oversight of the Medicare and Medicaid programs.



Relevant FWA Laws



Some of the most important federal Fraud, Waste and Abuse laws applicable to our contracted health care professionals are:

- ❧ The Federal False Claims Act (FCA)
- ❧ The Anti-Kickback Statute (AKS)
- ❧ The Physician Self-Referral Law (Stark Law)
- ❧ Civil Monetary Penalties Law
- ❧ The Exclusion Authorities

Federal False Claims Act (FCA)



The Federal False Claims Act, sometimes referred to as the FCA or Lincoln Law, is a law that creates liability for the intentional submission of false claims to the government. This law is a powerful tool used by the government to combat fraud.



Federal False Claims Act (FCA)



Under the False Claims Act, anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties for each false claim submitted.

The law was revised in 1986 to expand the definition of “knowingly” to include a person who:

- ☞ Has actual knowledge of falsity of information in the claim;
- ☞ Acts in deliberate ignorance of the truth or falsity of the information in the claim;
- ☞ Acts in reckless disregard of the truth or falsity of the information in a claim.

Federal False Claims Act (FCA)



False Claims suits can be brought against individuals and entities.

The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be prosecuted for a wide variety of conduct that leads to the submission of a false claim. Some examples include:

- ❧ Knowingly making false statements;
- ❧ Falsifying records;
- ❧ Submitting claims for services never performed or items never furnished;
- ❧ Double-billing for items or services;
- ❧ Using false records or statements to avoid paying the Government;
- ❧ Falsifying time records used to bill Medicaid; or
- ❧ Otherwise causing a false claim to be submitted.

Qui Tam (Whistleblower Provision)



An important provision of the **False Claims Act** is known as “qui tam,” which allows any person or entity to bring actions to enforce the False Claims Act. Under qui tam, any person with evidence of fraud against federal programs or contracts may file a qui tam lawsuit on behalf of the U.S. Government. The government has the right to intervene and join the action. Those who file qui tam lawsuits are informally known as “**whistleblowers.**”

As compensation for the risk and effort of filing a qui tam case, the whistleblower may be awarded a portion of the funds recovered.

Any person who is discharged, demoted, suspended, threatened, harassed, or discriminated against because of filing a qui tam case is entitled to seek double the amount of back-pay, reinstatement, and other damages and fees.

Violations / Penalties of the False Claims Act



Violators of the False Claims Act are required to pay the
federal government
three (3) times the amount of damages
sustained by the government and civil penalties
between \$5500 and \$10,781 - \$21,562
for each false or fraudulent claim.

Anti-Kickback Statute (AKS)



The AKS is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients). Remuneration includes anything of value and can take many forms besides cash.

In federal health care programs, paying for referrals is a crime. The statute covers the payers of kickbacks (those who offer or pay remuneration), as well as the recipients of kickbacks (those who solicit or receive remuneration).

Each party's intent is a key element of their liability under the AKS.

Anti-Kickback Statute (AKS)



This statute imposes penalties on any person that knowingly and willfully solicits, receives, offers, or pays any remuneration (including any kick-back, bribe, or rebate) for referrals for services that are paid in whole or in part by a federal health care program, which includes Medicare and Medicaid.

In other words, it is a crime for individuals or entities to knowingly or willfully offer, pay, solicit, or receive something of value in exchange for rewarding referrals of business under federal health care programs.

Anti-Kickback Statute (AKS)



The primary function of the Anti-Kickback Statute is to ensure that financial motives do not undermine the integrity of the medical judgment that must be maintained by health care professionals.

This statute promotes referrals based on medical need rather than referrals based on financial or other types of incentives.

Penalties of AKS



The Federal Anti-Kickback Statute is a **criminal statute** and the penalties for violations can be severe.

Penalties can include up to **\$25,000** per violation, felony conviction punishable by imprisonment of up to **5 years**, **or BOTH**, as well as possible exclusion from participation in federal health care programs.

Physician Self-Referral Law (Stark Law)



Commonly called the “Stark Law” after U.S. Congressman Pete Stark, who initially sponsored the bill, this law addresses the practice of a physician referring a patient to a medical facility in which the physician has a financial interest, be it ownership, investment, or a structured compensation arrangement.

This law prohibits a physician from referring Medicare or Medicaid patients for certain **designated health services** to an entity in which the physician, or an immediate family member, has a financial interest.

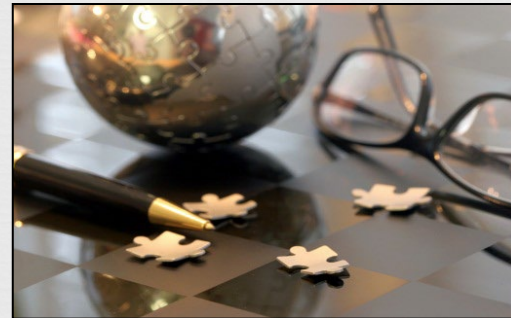
Similar to the Anti-Kickback Statute, the primary function of this statute is to ensure that financial motives do not undermine the integrity of the medical judgment of health care providers.

“Designated Health Services” under Stark



Designated health services include:

- ✓ Radiology & imaging services;
- ✓ Physical & occupational therapies;
- ✓ DME and supplies (example: TENS units);
- ✓ Clinical laboratory services;
- ✓ Prosthetics, orthotics, & prosthetic devices & supplies;
- ✓ Outpatient speech/language pathology services;
- ✓ Radiation therapy services & supplies;
- ✓ Parenteral and enteral nutrients, equipment & supplies;
- ✓ Home health services;
- ✓ Outpatient prescription drugs; and
- ✓ Inpatient & outpatient hospital services.



Penalties – Stark Law



Penalties for violating the Stark Law include:

- ❧ Denial of payment from Medicare/Medicaid for those services that violated the Stark Law;
- ❧ Exclusion from the Medicare and Medicaid programs;
- ❧ Any payment received from a prohibited referral must be refunded;
- ❧ Up to **\$15,000 fine** for EACH service provided that a person “knows or should know” was provided in violation of this statute; and
- ❧ Up to **\$100,000 fine** for entering into an arrangement or scheme that violates this law.

Proof of specific intent to violate the law is not required.

Civil Monetary Penalties Law



The Civil Monetary Penalties Law authorizes the imposition of substantial civil money penalties against an entity that engages in activities including, but not limited to:

- (1) knowingly presenting or causing to be presented, a claim for services not provided as claimed or which is otherwise false or fraudulent in any way;
- (2) knowingly giving or causing to be given false or misleading information reasonably expected to influence the decision to discharge a patient;
- (3) offering or giving remuneration to any beneficiary of a federal health care program likely to influence the receipt of reimbursable items or services;

Civil Monetary Penalties Law



(4) arranging for reimbursable services with an entity which is excluded from participation from a federal health care program;

(5) knowingly or willfully soliciting or receiving remuneration for a referral of a federal health care program beneficiary; or

(6) using a payment intended for a federal health care program beneficiary for another use.

Exclusions Law



The Health and Human Services, Office of Inspector General (HHS OIG) and Office of Personnel Management, Office of Inspector General (OPM OIG) have authority to exclude from participation in federal health care programs individuals and entities sanctioned for certain fraud, waste and abuse violations.

Federal agencies have general authority to debar or suspend individuals from work on government grants or contracts, or to provide services under federal health care programs like Medicare and Medicaid.

Exclusions Law



Once an individual or entity has been excluded or debarred from a federal or state health care program, no federal money may be used to pay for goods or services that the individual or entity provide.

In addition, any entity that knowingly employs or contracts with an excluded or debarred individual or entity for the provision of goods or services *may be subjected to civil monetary penalties.*

Exclusions Law



To ensure employees and contractors are eligible for participation in federal health care plans, contracted health care professionals must, **both at initial hire and monthly thereafter**, query the OIG's List of Excluded Individuals & Entities (LEIE) for all employees/associates and applicable vendors/contractors.

web address: <http://exclusions.oig.hhs.gov>

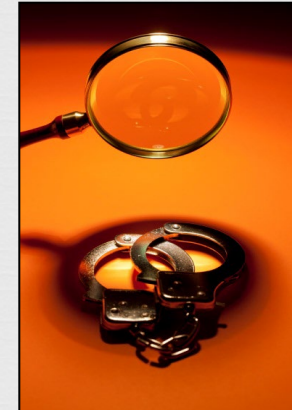
Contracted health care professionals must retain documentation which substantiates that the initial and monthly query of the LEIE was conducted. This information must be available upon request by HNS, contracted health care plans, and CMS. These records must be maintained for 10 years.

Consequences of Committing Fraud, Waste or Abuse



The following are potential consequences for committing Fraud, Waste or Abuse. The actual consequence depends on the violation, but may include:

- ❧ Civil Money Penalties
- ❧ Criminal Conviction/Fines
- ❧ Imprisonment
- ❧ Loss of Physician License
- ❧ Exclusion from federal health care programs
- ❧ Termination of participation in the HNS network



Best Practices to Assure Compliance to FWA Laws...



- ☞ Be committed to ensuring compliance with FWA laws.
- ☞ Develop and document policies and procedures to ensure compliance and provide annual FWA training to employees.
- ☞ Always be on the lookout for suspicious activity and report it.
- ☞ Always verify insurance information provided by members with the applicable health care plan.
- ☞ Ensure the information in the health care record is accurate.
- ☞ Ensure the information reported on claims is accurate and consistent with the information in the health care record.

Best Practices to Assure Compliance to FWA Laws...



- ☞ **At least quarterly, conduct auditing and monitoring of health care records and claims data to assure accuracy of information on the claims.** If you determine an inadvertent error, promptly file a corrected claim to correct the error.
- ☞ If you receive payment for services you did not provide or *to which you are not entitled*, immediately notify HNS (or the entity that issued the payment) to arrange to refund those monies.
- ☞ Stay up-to-date with laws, regulations, and policies, including all HNS Policies and the medical policies of contracted payors.

HIPAA



HIPAA



The **Health Insurance Portability and Accountability Act (HIPAA)** is a federal law passed in 1996 due to the rapid growth of health information systems and the need to ***safeguard individuals' health information***.

HIPAA contains provisions and rules to protect privacy and help control fraud, waste, and abuse within the health care system.

The primary regulatory agency for HIPAA laws is the Department of Health & Human Services, Office of Civil Rights (OCR).

Written HIPAA Policies & Procedures



Each physician's compliance plan
must specifically include
written policies and procedures
intended to ensure compliance to HIPAA laws and
regulations.

HIPAA



HIPAA is comprised of many components. The focus of this HIPAA training is:

- ❧ The Federal Beneficiary Inducement Statute
- ❧ The HIPAA Privacy Rule
- ❧ The HIPAA Security Rules

Who Must Comply with HIPAA?



HIPAA applies to Covered Entities and Business Associates.

Covered Entities (CE) are individuals or entities who **transmit any health information in electronic form in connection with a transaction.**

Business Associates (BA) are those to whom the Covered Entity discloses protected health information (PHI) to carry out, assist with performance of, or perform on the behalf of, a function or activity for the Covered Entity.

Covered Entities



CEs include health plans, health care professionals, health care clearinghouses, and employer sponsored health plans.

Health Plans – Individual and group plans that provide or pay the cost of medical care are **Covered Entities**.

Health Care Providers – Every health care provider, regardless of size, who electronically transmits health information in connection with certain transactions, is a **Covered Entity**. These transactions include claims, benefit eligibility inquiries, referral authorization requests, or other transactions for which the Department of Health and Human Services (HHS) has established standards.

Note: Using electronic technology, such as email, does not mean a health care provider is a Covered Entity; the transmission must be in connection with a standard transaction.

Covered Entities



Health Care Clearinghouses

Health care clearinghouses are entities that process nonstandard information they receive from another entity into standard (i.e., standard format or data content), or vice versa and are **Covered Entities** under HIPAA.

(HNS falls under the category of a health care clearinghouse.)

Business Associates



In general, a Business Associate (BA) is a person or organization, other than a member of a Covered Entity's workforce, that performs certain functions or activities on behalf of, or provides certain services to, a Covered Entity that involve the use or disclosure of individually identifiable health information.

Business Associate functions or activities on behalf of a Covered Entity include claims processing, data analysis, quality and utilization review, and billing. However, persons or organizations are not considered Business Associates if their functions or services do not involve the use or disclosure of protected health information, and where any access to protected health information by such persons would be incidental, if at all.

A Covered Entity can be the Business Associate of another Covered Entity.

(HNS is a Covered Entity as defined by HIPAA, but acts as a *Business Associate* of each contracted health care professional.)

Business Associate Agreements (BAA)



When a Covered Entity uses a contractor or other non-workforce member to perform “*Business Associate*” services or activities, the Privacy Rule requires that the Covered Entity include certain protections for the information in a *Business Associate Agreement (BAA)*. In the Business Associate Agreement, a Covered Entity must impose specified written safeguards on the individually identifiable health information used or disclosed by its Business Associates. Moreover, a Covered Entity may not contractually authorize its Business Associate to make any use or disclosure of protected health information that would violate the HIPAA Regulations.

(HNS maintains BAAs with each contracted health care professional.)

Protected Health Information



Protected Health Information (PHI) is individually identifiable health information that is transmitted or maintained **in any form or medium** (e.g., electronic, paper, or oral).

To be considered PHI, the information must have two (2) components:

- ☞ **Medical Information** – Information about an individual’s past, present, or future physical or mental health care; and
- ☞ **Personally Identifiable Information** – Data elements that can identify or reasonably lead to the identification of an individual.

Examples of Personally Identifiable Information



Personally identifiable Information includes any unique identifying number, characteristic or code.

Examples include:

- ☞ Names
- ☞ Addresses
- ☞ Dates, including birth date, date of service, date of death, etc.
- ☞ Telephone or fax number
- ☞ E-mail address
- ☞ Subscriber ID number



Examples of Personally Identifiable Information



- ❧ Social Security numbers
- ❧ NPI numbers
- ❧ URL/IP addresses
- ❧ Full-face photos and comparable images
- ❧ License numbers, account numbers, medical record number
- ❧ Vehicle identifier and serial numbers (license plates)
- ❧ Device identifiers & serial numbers

HIPAA Regulations



Federal Beneficiary Inducement Statute



This law is part of **HIPAA**, and makes it **illegal** to offer a remuneration that a person knows, or should know, is likely to influence a patient to select a particular provider or supplier.

The statute defines “remuneration” to include, without limitation,

- ✧ **waivers of co-payments and deductible amounts** (or any part thereof) and
- ✧ **transfers of items or services for free or for other than fair market value.**

Penalties – Federal Beneficiary Inducement Statute



Violations of the Federal Beneficiary Inducement Statute
may result in civil money penalties (CMPs) of up to
\$10,000 for each wrongful act.

HIPAA Regulations – Privacy Rule



The Privacy Rule is a core component of HIPAA. The Privacy Rule is a set of standards for the **protection of certain health information**.

These standards address the **use and disclosure** of individually protected health information.

The standards also **grant specific rights to members**.

HIPAA Privacy Rule



The Privacy Rule protects
ALL "individually identifiable health information",
also called Protected Health Information (*PHI*) held or transmitted by a
Covered Entity or its Business Associate
in any form or media, whether electronic, paper, or oral.

HIPAA Regulations – HIPAA Security Rules



The HIPAA Security Regulations outline specific protections and safeguards for **electronic** Protected Health Information.



HIPAA Security Rules



While the HIPAA Privacy Rule protects the privacy of all PHI, the **Security Rule** protects a subset of information covered by the Privacy Rule.

The subset of information protected by the Security Rule is all ***individually identifiable health information a Covered Entity creates, receives, maintains, or transmits in electronic form.***

The Security Rule calls this information “electronic protected health information” (**e-PHI**).

The Security Rule does NOT apply to PHI transmitted orally or in writing.

Examples of PHI Subject to the Security Rules



- ✧ Emails that include PHI.
- ✧ Claims that are received or transmitted electronically.
- ✧ Remittance information (EOB) that is received or transmitted electronically.

HIPAA Omnibus Rule



The Omnibus Rule is a set of regulations modifying HIPAA's Privacy, Security, and Enforcement Rules to implement various provisions of the HITECH Act.

Highlights of the Omnibus Rule include:

- ✧ Makes Covered Entities and their Business Associates directly liable for compliance with certain requirements;
- ✧ Strengthens the limitations on the use and disclosure of PHI; and
- ✧ Expands an individual's rights to receive and restrict his/her electronic health information for which the member has paid out-of-pocket in full.

HITECH



The Health Information Technology for Economic and Clinical Health Act (HITECH) was enacted in 2009, as part of the American Recovery and Reinvestment Act (ARRA) **to encourage the adoption and “meaningful use” of electronic health records (EHR)**, as the use of EHR has been shown to improve quality, safety, and coordination of health care.

PHI - Use & Disclosure



The HIPAA Privacy Rule defines and limits the circumstances in which an individual's PHI may be used and disclosed.

Use – to use means to share, utilize, examine, or analyze PHI within your organization.

Disclose – to disclose means to release, transfer, or share PHI to an individual or entity outside of your organization.

Covered Entities shall not use or disclose an individual's PHI *except as permitted by law*.

Use and Disclosure- Minimum Necessary



The Privacy Rule includes a **Minimum Necessary Rule**. This rule restricts the use and disclosure of PHI to ONLY the amount necessary to perform a specific task. To comply with this rule:

- ☞ Use the least amount of PHI required to complete the task;
- ☞ Look at PHI only if the task requires it;
- ☞ Talk to others about PHI only if it is necessary to perform the task; and
- ☞ Give PHI to others only when it is necessary for them to perform their tasks.

PHI - Use & Disclosure



HIPAA allows the use and disclosure
of PHI (without the member's consent)
if it relates to
Treatment, Payment, or Operations,
which is referred to as **TPO.**

PHI - Use & Disclosure



Besides TPO, there are very specific situations when a Covered Entity can Disclose PHI *without a member's consent*. These allowed disclosures can include, but are not limited to:

- ☞ If required by law or law enforcement;
- ☞ For public health reasons;
- ☞ To report abuse; and
- ☞ To avert a serious threat.

Required Disclosures of PHI



You are required to disclose PHI:

- ☞ To an individual member seeking to access their PHI in your possession;
- ☞ To the Secretary of Health and Human Services (HHS) to investigate or determine compliance with regulations; and
- ☞ As otherwise required by law.

Permitted Use & Disclosures of PHI



You are **permitted** to use/disclose PHI:

- ☞ To carry out health care operations;
- ☞ To the individual patient, or authorized representative with a valid authorization from the patient; and
- ☞ To those with whom you do business, such as HNS, health care or managed care plans with which you contract, certain vendors (ex: your billing company), and BAs, **provided you have first obtained satisfactory assurances that the information will be adequately safeguarded.**

Breach



A “breach”

is an unauthorized acquisition, access, use, or disclosure of PHI in a manner not permitted under HIPAA.

The **Breach Notification Rule**

requires HIPAA Covered Entities and their Business Associates to provide notification following a breach of unsecured PHI.

Breach Notification Rule



The Breach Notification Rule has specific requirements regarding who must be notified in the event of a breach:

- ☞ **Individuals** who are affected by a breach must be notified within 60 days from the time of discovery;
- ☞ The Covered Entity must maintain an annual log of all breaches. Logs of breaches involving **less than 500 individuals** must be submitted to the Secretary of the Department of Health and Human Services annually, no more than 60 days after the end of the calendar year;
- ☞ The media must be notified of any breaches that involve 500 or more individuals no later than 60 days from discovery; and
- ☞ If a breach involves 500 or more individuals, the Secretary of the **U.S. Department of Health and Human Services** (HHS) must be notified without unreasonable delay and *in no case later than 60 days following the discovery of the breach.*

Breach Notification Rule



Per the Rule, **it is NOT a breach when:**

- ☞ The information is accessed unintentionally by a workforce member or someone working under the authority of a CE or BA, if it was done in good faith and within the scope of authority, etc.;
- ☞ It is an inadvertent disclosure by a person authorized to access PHI to another person authorized to access PHI at the SAME Covered Entity, BA, or organized health care arrangement in which the Covered Entity participates; or
- ☞ Where the Covered Entity or BA has a good faith belief that the unauthorized person would not reasonably have been able to retain the PHI.

Breach Notification Rule



Per the Rule, **it is presumed to be a breach unless** the Covered Entity or BA demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following factors:

- ❧ The nature and extent of the PHI involved, including identifiers;
- ❧ The unauthorized person who used the PHI or to whom it was disclosed;
- ❧ Whether the PHI was actually acquired or viewed; and
- ❧ The extent to which the risk was mitigated.

NC & SC

Breach Reporting Requirements



In addition to reporting to federal agencies and media:

North Carolina law requires that in the event of a breach of *personal* information we:

- ☞ Immediately notify the individual; and
- ☞ Report the breach to the NC Consumer Protection Division of the Attorney General's Office.
- ☞ Below is the web address which can be used to report:
 - ☞ <http://www.ncdoj.gov/Protect-Yourself/2-4-3-Protect-Your-Identity/Protect-Your-Business/Report-a-Security-Breach.aspx>

South Carolina law requires that in the event of a breach of *personal* information we:

- ☞ Immediately notify the individual;
- ☞ If more than 1000 people at one time, report the breach to the SC Office of Consumer Affairs and all national consumer reporting agencies.
- ☞ Below is information on how to report:
 - ☞ Phone: 1-800-922-1594
 - ☞ Email: scdca@scconsumer.gov
 - ☞ SC Office of Consumer Affairs
PO Box 5757
Columbia SC 29250-5246

HIPAA

Penalties / Violations



The improper acquisition, access, use, or disclosure of PHI is a violation of HIPAA. HIPAA penalties can be severe.

Civil monetary penalties for non-compliance depend on the nature of the violation and can range from **\$100-\$50,000 per violation**, with a maximum penalty of **\$1.5 million per year** for violations of an identical provision.

Criminal Penalties can range from **\$50,000-\$250,000** and between **1 and 10 years imprisonment**.

Patient Rights Under HIPAA



Under HIPAA, each individual has rights regarding their PHI. These rights include:

- ✧ The right to receive a copy of the health care professional's "Notice of Privacy Practices," which details how individually identifiable health information may be used or disclosed by the organization;
- ✧ The right to review or obtain a copy of medical records about that member or, as applicable, the member's minor children;
- ✧ The right to request restrictions on the use or disclosure of the member's medical records;

Patient Rights Under HIPAA



- ✧ The right to receive individually identifiable health information at an alternate address or through alternate delivery means, such as by fax or courier;
- ✧ The right to request amendments to medical records, with certain limitations;
- ✧ The right to an accounting of certain disclosures of individually identifiable health information; and
- ✧ The right to file a privacy complaint directly with the contracted health care professional, HNS, or with the federal government.

Best Practices to Assure Compliance to HIPAA Laws...



Be committed to complying with HIPAA rules.

Develop and document privacy policies and procedures and provide annual HIPAA training to employees.

Report and track improper disclosures of PHI.

Conduct, at a minimum, an annual risk assessment and whenever there is a change in business operations that would necessitate a new risk assessment.



Best Practices to Assure Compliance to HIPAA Laws...



- ☞ Speak quietly and *only to those necessary* when discussing PHI with ANYONE.
- ☞ Never discuss member information or conditions in common areas.
- ☞ Verify that you have the correct email address before emailing PHI.
- ☞ Send all e-mails that contain PHI via a secure email system.
- ☞ Verify that you have the correct fax number before faxing PHI.
- ☞ Always include an appropriate disclaimer when faxing or emailing PHI.
- ☞ Do not leave documents containing PHI in any common areas, other than as required to fulfill duties and responsibilities.
- ☞ Disclose only the minimum amount of PHI necessary to accomplish the task.
- ☞ Ensure Business Associate Agreements are in place with applicable individuals and/or organizations.

Best Practices to Assure Compliance to HIPAA Laws...



- ❧ Never give out confidential information unless you are certain the recipient has a right to the information.
- ❧ Never share your computer password with anyone.
- ❧ Change computer passwords every 45 days.
- ❧ Never open links included in emails unless you are confident the email is from a trusted source.
- ❧ Never open attachments to emails unless you know the email is from a trusted source.
- ❧ Never access PHI using a public Wi-Fi system.
- ❧ Ensure the proper disposal of PHI.
- ❧ Ensure your computer will lock automatically after 15 minutes of inactivity.
- ❧ Ensure all computers and servers have up-to-date anti-virus and malware protection.

Best Practices to Assure Compliance to HIPAA Laws...



- ❧ Develop and enforce social media policies.
- ❧ Keep personal social media accounts separate from practice accounts.
- ❧ Never post or share photographs, or any form of PHI, on social media without written consent from the patient or his/her legal guardian.
- ❧ Understand that even if a patient posts every last detail about his or her health and treatments, no health care professional or staff should repost or retweet this information.
- ❧ Never comment on a patient's Facebook page about their health condition or treatment.

Compliance Policies for Contracted Health Care Professionals



To promote awareness among contracted health care professionals of our legal environment, and to promote compliance with state and federal laws relevant to the health care industry, and to prevent accidental and intentional non-compliance to those laws, HNS has developed specific **Compliance Policies for Contracted Health Care Professionals** which outline their compliance responsibilities.

These policies are consistent with guidance issued by the Office of Inspector General (OIG), industry standards, and federal and state laws.

HNS reserves the right to review and modify its Compliance Policies at any time and will provide timely notification to contracted health care professionals of any material changes.

Compliance Policies for Contracted Health Care Professionals



The following slides include the HNS Compliance Policies for Contracted Health Care Professionals. (These are also posted on the HNS website.)

HNS recommends contracted health care professionals print/save these policies and review them frequently.

**These policies establish
HNS' performance expectations
for all contracted health care professionals.**

Failure to Comply

Failure by contracted health care professionals to comply with all HNS Compliance Policies may result in termination of participation from the HNS network and reporting of the non-compliance to applicable authoritative bodies.



HNS Compliance Policies for Contracted Health Care Professionals



1. Compliance to Laws, Regulations and Policies

Contracted health care professionals shall comply with all applicable federal and state laws and regulations, HNS Compliance and Business Policies, and the policies of HNS contracted health care plans. (HNS Business Policies should not be followed if compliance to those policies would adversely affect the health or safety of a patient.)

2. Ethical and Professional Standards

Contracted health care professionals shall adhere to generally recognized standards of medical and professional ethics and the ethical and professional standards set forth by their respective licensing board, the HNS Code of Ethics and HNS' Standards of Conduct.



HNS Compliance Policies for Contracted Health Care Professionals



3. Written Compliance Plan

Contracted health care professionals shall maintain a written compliance plan, which shall include written policies and procedures intended to promote compliance to applicable laws and regulations, HNS policies and the policies of contracted health care plans.

4. PHI and PII

(Protected Health Information and Personally Identifiable Information)

- A. Contracted health care professionals shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the Privacy Rule, Security Rule and Health Information Technology for Economic and Clinical Health Act (HITECH), regarding the use, disclosure and safeguards for protected health information (PHI), including electronic PHI, and ensure controls are in place to provide reasonable assurance that access to PHI and PII is limited to properly authorized individuals.



HNS Compliance Policies for Contracted Health Care Professionals



B. Contracted health care professionals must establish and implement operational, technical, administrative and physical safeguards that are consistent with applicable laws to ensure:

- ❧ The confidentiality, integrity, and availability of personally identifiable information created, collected, used, and/or disclosed.
- ❧ Personally identifiable information is only used by or disclosed to those authorized to receive or view it.
- ❧ Personally identifiable information is protected against any reasonably anticipated threats or hazards to the confidentiality, integrity, and availability of such information.
- ❧ Personally identifiable information is protected against any reasonably anticipated uses or disclosures of such information that are not permitted or required by law.
- ❧ Personally identifiable information is securely destroyed or disposed of in an appropriate and reasonable manner and in accordance with retention schedules.



HNS Compliance Policies for Contracted Health Care Professionals



C. Contracted health care professionals shall comply with the following:

- ❧ *Individual access.* Individuals should be provided with a simple and timely means to access and obtain their personally identifiable information in a readable form and format.
- ❧ *Correction.* Individuals should be provided with a timely means to dispute the accuracy or integrity of their personally identifiable information and to have erroneous information corrected or to have a dispute documented if their requests are denied.
- ❧ *Openness and transparency.* There should be openness and transparency about policies, procedures, and technologies that directly affect individuals and/or their personally identifiable information.



HNS Compliance Policies for Contracted Health Care Professionals



- ❧ *Individual choice.* Individuals should be provided a reasonable opportunity and capability to make informed decisions about the collection, use, and disclosure of their personally identifiable information.
- ❧ *Collection, use, and disclosure limitations.* Personally identifiable information should be created, collected, used, and/or disclosed only to the extent necessary to accomplish a specified purpose(s) and never to discriminate inappropriately.
- ❧ *Data quality and integrity.* Contracted health care professionals shall take reasonable steps to ensure that personally identifiable information is complete, accurate, and up-to-date to the extent necessary for the person's or entity's intended purposes and has not been altered or destroyed in an unauthorized manner.



HNS Compliance Policies for Contracted Health Care Professionals



- ☞ *Safeguards.* Personally identifiable information should be protected with reasonable operational, administrative, technical, and physical safeguards to ensure its confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure.
- ☞ *Accountability.* Adherence to these policies should be monitored through appropriate auditing/monitoring activities and processes established to ensure non-compliance is identified and mitigated.
- ☞ *Integrity of Information Billing Systems.* Contracted health care professionals shall ensure appropriate safeguards are in place for billing/information systems in order to maintain the integrity of all patient health care data and which prevent the unauthorized access of computer systems, including but not limited to, anti-virus protection and appropriate internal safeguards.



HNS Compliance Policies for Contracted Health Care Professionals



- D. Contracted health care professionals shall maintain appropriate back-up systems that ensure their ability to retrieve data in the event of an emergency or disaster.

5. False Claims Act

The False Claims Act is a federal law designed to prevent and detect fraud, waste and abuse in federal health care programs, including Medicare and Medicaid, and imposes liability on persons and companies who defraud governmental programs. Under the False Claims Act, anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties for each false claim submitted.

The validity, reliability, accuracy and quality of health care data submitted to HNS by contracted health care professionals shall be the **sole responsibility** of the contracted health care professional who provided the services (and/or under whose supervision the services were provided), and whose name is on the claim form as the rendering provider.



HNS Compliance Policies for Contracted Health Care Professionals



If HNS suspects fraud, waste or abuse by a contracted health care professional, in addition to other actions, HNS may refrain from the submission of any claims submitted by the physician until an investigation has been completed and/or until a final determination has been made.

- A. Contracted health care professionals shall be solely responsible for ensuring the validity, reliability, accuracy and quality of health care data submitted to HNS and to any federal or private health care plan.
- B. Contracted health care professionals shall ensure that claims are only submitted for payment when documentation in the health care record supports the services or items on the claims, and only when such documentation is legible, maintained, appropriately organized, and is available for audit and review.
- C. Contracted health care professionals shall not intentionally present, or cause to be presented, a false or fraudulent claim for payment or approval.



HNS Compliance Policies for Contracted Health Care Professionals



- D. Contracted health care professionals shall not knowingly make, use, or cause to be made or used, a false record or statement material to a false or fraudulent claim.
- E. Contracted health care professionals shall conduct periodic auditing and monitoring of health care records and claims data to ensure the accuracy of the information provided on claims and to assist in the detection of non-compliance to FWA laws, and to these policies.

6. Anti-Kickback Statute (AKS)

The AKS is a criminal law that prohibits the knowing and willful payment of “remuneration” to induce or reward patient referrals or the generation of business involving any item or service payable by the federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients). Remuneration includes anything of value and can take many forms besides cash. In federal health care programs, paying for referrals is a crime.



HNS Compliance Policies for Contracted Health Care Professionals



Contracted health care professionals shall not knowingly and willfully:

- A. Offer, pay, solicit, or receive remuneration (i.e., anything of value, in cash or in kind) in order to induce or reward the referral of business reimbursable by a federal or state health care program.
- B. Solicit or receive any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal health care program.
- C. Solicit or receive any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a federal health care program.



HNS Compliance Policies for Contracted Health Care Professionals



- D. Offer or pay any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person to refer an individual to a person for the furnishing or arranging of any item or service for which payment may be made in whole or in part under a federal health care program.

- E. Offer or pay any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person to purchase, lease, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a federal health care program.

Remuneration does not include legally permitted practices such as group purchasing agreements and price reduction agreements with health plans. The Office of Inspector General safe harbor regulations clarify which payment practices are immune from prosecution.



HNS Compliance Policies for Contracted Health Care Professionals



7. Stark Law

Stark law is a set of federal laws that prohibit physician self-referral, specifically a referral by a physician of a Medicare or Medicaid patient to an entity providing designated health services (DHS) if the physician (or an immediate family member) has a financial relationship with that entity. A “financial relationship” includes ownership, investment interest, and compensation arrangements.

- A. Contracted health care professionals shall not refer patients to an entity for a designated health service, as defined in 42 USC 1395nn(h)(6), if he/she or a member of his/her immediate family has a financial relationship with the entity, unless an exception applies.
- B. Contracted health care professionals shall not present a claim to Medicare or to any person or other entity for a designated health service, as defined in 42 USC 1395nn(h)(6), provided under a prohibited referral.



HNS Compliance Policies for Contracted Health Care Professionals



- C. Contracted health care professionals shall refund any amounts collected for designated health services, as defined in 42 USC 1395nn(h)(6), performed under a prohibited referral.

8. Federal Beneficiary Inducement Statute (**waiving co-payments**)

Contracted health care professionals shall not knowingly influence a patient to select a particular provider or supplier by offering to waive or reduce co-payments and deductible amounts, or otherwise transfer an item or service for free or for other than fair market value. This includes offering discounts, professional courtesies, and services deemed TWIP (take what insurance pays).

(Violations of the Federal Beneficiary Inducement Statute may result in civil money penalties (CMPs) of up to **\$10,000 for each wrongful act.**)



HNS Compliance Policies for Contracted Health Care Professionals



9. Civil Monetary Penalties

The Civil Monetary Penalties Law authorizes the imposition of substantial civil money penalties against an entity that engages in activities, as referenced in the policies below.

- A. Contracted health care professionals shall not knowingly present or cause to be presented a claim for services not provided as claimed or which is otherwise false or fraudulent in any way.
- B. Contracted health care professionals shall not offer or give remuneration to any beneficiary of a federal health care program likely to influence the receipt of reimbursable items or services.
- C. Contracted health care professionals shall not knowingly or willfully solicit or receive remuneration for a referral of a federal health care program beneficiary.



HNS Compliance Policies for Contracted Health Care Professionals



- D. Contracted health care professionals shall not offer to transfer, or transfer, any remuneration to a beneficiary under a federal or state health care program, that the person knows or should know is likely to influence the beneficiary to order or receive any item or service from a particular provider, practitioner, or supplier, for which payment may be made, in whole or in part, under a federal health care program. Remuneration includes the waiver of coinsurance and deductible amounts except as otherwise permitted, and transfers of items or services for free or for less than fair market value.

10. Other FWA Laws

- A. Contracted health care professionals shall comply with all fraud, waste, and abuse laws, the terms of their HNS Practitioner's Participation Agreement, the policies of HNS, policies of HNS' contracted health care plans, as well as rules and regulations issued by the physician's respective state licensing boards.



HNS Compliance Policies for Contracted Health Care Professionals



- B. Contracted health care professionals shall not submit a claim for an item or service that is based on a code that the person knows or should know will result in greater payment than the code the person knows or should know is applicable to the item or service actually provided.
- C. Contracted health care professionals shall not knowingly and willfully execute, or attempt to execute, a scheme or artifice to defraud any health care benefit program.
- D. Contracted health care professionals shall not knowingly and willfully execute, or attempt to execute, a scheme or artifice 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.



HNS Compliance Policies for Contracted Health Care Professionals



- E. Contracted health care professionals shall not knowingly and willfully make or cause to be made any false statement or representation of a material fact in any application for any benefit or payment under a federal health care program.
- F. Contracted health care professionals shall not at any time knowingly and willfully make or cause to be made any false statement or representation of a material fact for use in determining rights to such benefit or payment involving a federal or state health care program.
- G. Contracted health care professionals shall not present or cause to be presented a claim for a physician's service knowing that the individual who furnished the service was not licensed as a physician.
- H. Contracted health care professionals shall not submit a claim for physician services when rendered by a non-physician and require the physical presence of the physician, when the physician was not present, pursuant to the "incident to" rule.



HNS Compliance Policies for Contracted Health Care Professionals



11. Participation in Federal Health Care Programs

The Office of Inspector General (OIG) and Office of Personnel Management Office of Inspector General (OPM OIG) have authority to exclude from participation in federal health care programs *individuals and entities sanctioned for certain fraud, waste and abuse violations*. Federal agencies have general authority to debar or suspend individuals from work on government grants or contracts, or to provide services under federal health care programs like Medicare and Medicaid. **Once an individual or entity has been excluded or debarred from a federal or state health care program, no federal money may be used to pay for goods or services that the individual or entity provide.**

In addition, any entity that knowingly employs or contracts with an excluded or debarred individual or entity for the provision of goods or services may be subjected to civil monetary penalties.



HNS Compliance Policies for Contracted Health Care Professionals



- A. Contracted health care professionals must ensure that their employees and applicable contractors are eligible for participation in federal health care plans (both at initial hire and monthly thereafter) by querying the OIG's List of Excluded Individuals & Entities (LEIE). Verification of eligibility can be obtained using via the following web address:
<http://exclusions.oig.hhs.gov/>
- B. Contracted health care professionals must retain documentation which substantiates that he/she conducted the initial and monthly reviews of the LEIE. This information must be available upon request by HNS, contracted health care plans, and CMS. These records must be maintained for 10 years.
- C. Contracted health care professionals shall not contract with or employ any individual or entity:
- ☞ which has been excluded from participation in a federal or state health care program; or
 - ☞ which has been convicted of a criminal offense related to the delivery of an item or service under any federal or state health care program; or



HNS Compliance Policies for Contracted Health Care Professionals



- ✧ which has been convicted of a criminal offense relating to neglect or abuse of patients in connection with the delivery of a health care item or service; or
 - ✧ which has been convicted of an offense which occurred after August 21, 1996, under federal or state law, of a criminal offense consisting of a felony relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct in connection with the delivery of a health care item or service operated by or financed in whole or in part by any federal, state, or local government agency.
- D. Contracted health care professionals shall not arrange for reimbursable services with an entity that is excluded from participation in a federal health care program.
- E. Contracted health care professionals shall remove any personnel with pending criminal charges relating to health care, or proposed exclusion from participation in any federally or state funded health care program, from direct responsibility or involvement in any federally or state funded health care programs.



HNS Compliance Policies for Contracted Health Care Professionals



12. Documentation / Coding

Contracted health care professionals shall ensure that claims are only submitted for payment when the documentation in the health care record supports the services or items on the claim, and only when such documentation is legible, maintained, appropriately organized, and is available for audit and review.

Contracted health care professionals shall ensure that care provided to members of HNS contracted health care plans is provided and documented pursuant to the *HNS Clinical Records Quality Standards*. These standards are available on the HNS website.

Contracted health care professionals shall ensure that services billed through HNS are properly coded with the most appropriate and most current ICD, CPT, and/or HCPCS codes and, as applicable, are appended by appropriate modifiers, and that those codes are supported by documentation in the health care record.



HNS Compliance Policies for Contracted Health Care Professionals



13. Submission of Claims

Contracted health care professionals shall submit claims to HNS for all covered services provided to members whose health care plans contract with HNS. This includes claims for secondary coverage if the secondary payor contracts with HNS.

Exception: If a patient specifically requests that a contracted health care professional not file claims to their health care plan, the contracted health care professional shall comply with the request, but may do so **ONLY** if the applicable HNS Election Not to File form is signed and on file in the patient's health care record.

Contracted health care professionals shall ensure all services billed through HNS are consistent with HNS policies, the policies of contracted health care plans, the practice guides issued by the state licensing board in the state where the contracted health care professional practices, and all federal and state laws and regulations.



HNS Compliance Policies for Contracted Health Care Professionals



Contracted health care professionals shall ensure all covered services billed, with the exception of maintenance and supportive care, are medically necessary, consistent with the documented chief complaint, clinical findings, diagnoses and treatment plan, and consistent with HNS' Medical Necessity Policy.

14. Use of Provider Name / NPI

Contracted health care professionals shall not knowingly misuse provider names or identification numbers. Only the name and the Type I NPI number of the provider who actually rendered the services must be included on claims. The provider's name is an attestation that he/she performed the services reported on the claim.

Exception: If services were provided by a locum tenens ("fill-in") provider and all locum tenens requirements have been met, services provided by the fill-in provider may be submitted under the name/NPI number of the provider who contracted with the fill-in provider. Additional information may be found in HNS' Locum Tenens Policy.



HNS Compliance Policies for Contracted Health Care Professionals



15. Unbundling

Contracted health care professionals shall not unbundle codes (use separate codes for services that have an aggregate code which should be used).

16. Duplicate Billing

Contracted health care professionals shall not submit duplicate billings in an attempt to gain duplicate payment.

17. Refunds / Overpayments

An overpayment is an improper or excessive payment made to a health care provider to which the provider is not entitled.



HNS Compliance Policies for Contracted Health Care Professionals



- A. Contracted health care professionals shall not retain payments for health care services to which they are not entitled.
- B. Contracted health care professionals shall ensure all payments, including zero dollar payments, are posted to patient accounts within 15 days of receipt.
- C. Contracted health care professionals shall not, with knowledge and fraudulent intent, retain federal health care program or health care benefit program funds that have not been properly paid.
- D. Contracted health care professionals shall ensure that overpayments/refunds are resolved pursuant to *HNS' Refund / Overpayment Policy*.
- E. Contracted health care professionals who receive payment for services they did not provide or to which they are not *entitled*, shall immediately notify HNS (if the payment was issued by HNS) or the issuing entity (if not HNS) to arrange to repay those monies.



HNS Compliance Policies for Contracted Health Care Professionals



18. Compensation to Billing Personnel

(includes staff, billing companies, and/or consultants)

HNS contracted health care professionals shall not compensate billing staff and/or billing companies and/or consultants in a manner that provides financial incentive(s) to improperly code claims.

19. Non-Discrimination

Title I of the Americans with Disabilities Act (ADA) prohibits employment discrimination against individuals with disabilities and requires that employers reasonably accommodate the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, unless doing so would impose an undue hardship on the operation of the employer's business. *This section of the ADA applies to employers with 15 or more employees.*



HNS Compliance Policies for Contracted Health Care Professionals



Sections of The Patient Protection and Affordable Care Act (ACA) has placed additional requirements on covered entities related to discrimination in the health care arena. HNS has modified its Compliance Policies to ensure contracted health care professionals comply with these new regulations.

While contracted health care professionals must comply with all laws and regulations, this section of HNS' Compliance Policies focuses primarily on compliance to Section 504 of the Rehabilitation Act of the ADA and Section 1557 of the ACA.

Rehabilitation Act of the Americans with Disabilities Act (ADA)

Prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors. The standards for determining employment discrimination under the Rehabilitation Act are the same as those used in Title I of the Americans with Disabilities Act.

Section 1557 of the Patient Protection and Affordable Care Act (ACA)

Prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health care programs. Section 1557 makes it unlawful for any health care provider that receives funding from the Federal government to refuse to treat an individual or to otherwise discriminate against the individual based on race, color, national origin, sex, age, or disability.



HNS Compliance Policies for Contracted Health Care Professionals



HNS Policies:

1. Contracted health care professionals shall comply with all state and federal non-discrimination laws, including but not limited to, Title I of the Americans with Disabilities Act of 1990 (ADA), Rehabilitation Act of the ADA, and Section 1557 of the Patient Protection and Affordable Care Act (ACA).
2. Contracted health care professionals shall not discriminate on the basis of race, color, national origin, age, disability, or sex.
3. Contracted health care professionals shall not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.
4. Contracted health care professionals shall make reasonable modification to their policies, procedures, and practices to provide individuals with disabilities access to their health programs and activities.
5. Contracted health care professionals shall take reasonable steps to provide meaningful access to individuals with limited English proficiency who are likely to be served under the physician's health care program.



HNS Compliance Policies for Contracted Health Care Professionals



Under the new ACA Non-Discrimination Rules, covered entities were required to post and publish mandatory non-discrimination statements and taglines by **October 17, 2016**.



HNS Compliance Policies for Contracted Health Care Professionals



HNS Policies:

1. Notices of Non-Discrimination

Contracted health care professionals must display a non-discrimination notice stating its position against discrimination and which clarifies an individual's right to receive health care services in a non-discriminatory manner. (The statement of non-discrimination only has to be displayed in English.)

The Notice of Non-Discrimination must indicate the health care professional:

- a. Provides information to patients in plain language and in a manner that is accessible and timely.
- b. Provides free services to people with disabilities to communicate effectively with us, including auxiliary aids.
- c. Provides free language assistance services to people whose primary language is not English.



HNS Compliance Policies for Contracted Health Care Professionals



This notice must be displayed:

- a) In conspicuous, physical locations where the entity interacts with the public.
- b) In a conspicuous location on the entity's website accessible from the home page of the website.
- c) On significant publications and communications targeted to members of the public.



HNS Compliance Policies for Contracted Health Care Professionals



Covered entities are in the best position to determine, within reason, which of their communications and publications *are significant* in the context of their own health programs and activities. Examples of publications and communications that OCR considers to be “significant” include applications to participate in, or receive benefits or services from, a covered entity’s health program or activity, as well as written correspondence related to an individual’s rights, benefits, or services, ***including communications which require a response.***

(Significant communications and publications do NOT include marketing and advertising materials.)

HNS Assistance: HNS has prepared a sample “non-discrimination” notice, which includes patient’s rights to assist with compliance to the above requirements. This document, titled “*Statement of Non-Discrimination*” is posted under the Compliance Section of the HNS website, as well as in the ***HNS Forms*** section of the website.



HNS Compliance Policies for Contracted Health Care Professionals



2. Consumer Assistance (Consumers with LEP)

HNS Policies:

- A. Contracted health care professionals are responsible for providing timely and accurate language assistance services, including oral interpretation and written translation, in non-English, when doing so is a reasonable step to provide meaningful access to an individual with limited English proficiency.

An individual with limited English proficiency is a person whose primary language for communication is not English and who has a limited ability to read, write, speak, or understand English.

- B. **Taglines:** Contracted health care professionals must advise consumers of the availability of free language assistance services, *in the top 15 languages spoken by individuals with LEP*, in the states in which the covered entity operates. (The top 15 languages spoken in NC and SC are posted on the HNS website under the Compliance section.) These “taglines” must be posted in specific locations and on certain documents.



HNS Compliance Policies for Contracted Health Care Professionals



Taglines must be displayed:

- a) In conspicuous, physical locations where the entity interacts with the public.
- b) In a conspicuous location on the entity's website accessible from the homepage of the website and included in any other website content which is *critical* for obtaining access to health care. **(See information below regarding “critical”.)**
- c) On large and significant publications and communications targeted to members of the public if such documents or publications are *critical* for obtaining access to health care. *(Significant communications and publications do NOT include marketing and advertising materials.)*
- d) For smaller documents or communications, contracted health care professionals are only required to provide taglines in the top two (2) languages spoken by individuals with LEP.



HNS Compliance Policies for Contracted Health Care Professionals



Critical:

45 CFR 155.205 states: “A document is deemed to be critical for obtaining health insurance coverage or access to health care services through a QHP if it is required to be provided by law or regulation to a qualified individual, applicant, qualified employer, qualified employee, or enrollee.”

More about “Critical Documents”

HNS contracted health care professionals must, at a minimum, ensure taglines are included in the following essential documents:

- ✧ Informed consent forms
- ✧ All documents that require a signature or response from the patient or his/her legal guardian.



HNS Compliance Policies for Contracted Health Care Professionals



(Per HHS – Notices of Privacy Practices (HIPAA) are NOT required to include taglines.)

HNS Assistance: HNS has prepared taglines in the top 15 languages spoken in NC and SC for contracted health care professionals to use to comply with this requirement. These taglines are posted under the Compliance section of the HNS website, as well as in the HNS Forms section of the website. Prior to publication, providers must insert their names or practice names, as well as the office phone number in each applicable place in the taglines.



HNS Compliance Policies for Contracted Health Care Professionals



- C. Oral Interpretation:** Contracted health care professionals shall make oral interpretation available to consumers with LEP and must do so *at no charge to the consumer*. (Neither family members nor friends may substitute for translators, the translators must be “qualified”.)

HNS Assistance: To help you meet this requirement, HNS has contracted with CyraCom[®] to provide you with free, in-office telephonic interpretation services in over 200 languages. CyraCom[®] is the largest provider of interpretation services that operates solely in the US, and the 2nd largest provider worldwide.

(Contracted health care professionals must register with HNS for access to this free service. To register, please refer to the *Interpretive Services (CyraCom[®])* page of the HNS website, under ***Cultural Competency***.)



HNS Compliance Policies for Contracted Health Care Professionals



D. Written translation: Contracted health care professionals shall make written translations available for:

- ∞ Written materials that will be given to patients which are *critical* for obtaining *access to health care services*.
- ∞ Written translation must be provided by a qualified translator.

Note:

There are many organizations which provide written translation services, including **CyraCom**[®]. *However, costs for translation of written materials are not included in the HNS contract with CyraCom*[®].



HNS Compliance Policies for Contracted Health Care Professionals



3. Consumer Assistance (Consumers with Disabilities)

HNS Policies:

Contracted health care professionals shall ensure individuals with disabilities have access to a covered entity's health programs and activities, in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act and the ACA.

Contracted health care professionals shall make reasonable modifications to their policies, procedures, and practices to provide individuals with disabilities access to their health programs and activities unless it would result in a fundamental alteration of the program.

Contracted health care professionals shall ensure communication assistance to consumers with disabilities, *including the provision of auxiliary aids and services* (at no additional cost to the consumer).



HNS Compliance Policies for Contracted Health Care Professionals



Contracted health care professionals shall:

- ✧ Provide notice that indicates:
 - That it does not discriminate on the basis of disability
 - How to contact the employee who coordinates efforts to comply with the law
 - Information about the grievance procedures

- ✧ Provide services and programs in the most integrated setting appropriate to the needs of the qualified individual with a disability.

- ✧ Ensure that programs, services, activities, and facilities are accessible.



HNS Compliance Policies for Contracted Health Care Professionals



Contracted health care professionals shall:

- ☞ Designate a responsible employee to coordinate their efforts to comply with applicable laws (if the health care professional employs 15 or more employees).
- ☞ Make websites and electronic information accessible to individuals with disabilities unless doing so would result in an undue financial and administrative burden, or a fundamental alteration in the nature of the physician.
- ☞ Adopt grievance procedures to handle complaints of disability discrimination in their programs and activities.



HNS Compliance Policies for Contracted Health Care Professionals



Contracted health care professionals shall not on the basis of disability:

- ❧ Exclude a person with a disability from a program or activity.
- ❧ Deny a person with a disability the benefits of a program or activity.
- ❧ Afford a person with a disability an opportunity to participate in or benefit from a benefit or service that is not equal to what is afforded others.
- ❧ Provide a benefit or service to a person with a disability that is not as effective as what is provided others.
- ❧ Provide different or separate benefits or services to a person with a disability unless necessary to provide benefits or services that are as effective as what is provided others.
- ❧ Apply eligibility criteria that tend to screen out persons with disabilities unless necessary for the provision of the service, program, or activity.



HNS Compliance Policies for Contracted Health Care Professionals



20. Monitoring / Auditing

Contracted health care professionals shall conduct periodic auditing and monitoring to assist in the detection of non-compliance to laws and regulations and these policies.

21. Investigating / Correcting Non-Compliance

Contracted health care professionals shall promptly investigate all suspected or known instances of non-compliance.

Contracted health care professionals shall promptly correct all known instances of non-compliance.



HNS Compliance Policies for Contracted Health Care Professionals



22. Reporting Non-Compliance

Contracted health care professionals shall report to HNS, and as applicable, appropriate government authorities, all suspected or actual instances of non-compliance, and shall promptly report and escalate any incidents of suspected fraud, waste and abuse.

23. Cooperating with Compliance Investigations

HNS contracted health care professionals shall cooperate fully with any compliance investigation initiated by HNS, by contracted health plans, government or regulatory bodies, or as otherwise required by law.



HNS Compliance Policies for Contracted Health Care Professionals



24. Records

Contracted health care professionals shall maintain records in accordance with state and federal laws and regulations and HNS Policies.

Relative to records relating to Qualified Health Plans, contracted health care professionals shall retain and grant access to their books, records, contracts, computers or other electronic systems to Qualified Health Plans and/or Department of Health and Human Services and its Office of Inspector General, or their designees, for the duration of the physician's participation in the HNS Network, and for a period of at least ten (10) years from the date participation in the HNS Network ends.



HNS Compliance Policies for Contracted Health Care Professionals



Contracted health care professionals must retain complete patient health care records (including EOBs) for a minimum of 10 years from last date of service, OR, if the patient is a minor, for 10 years after the minor patient reaches age 19. Once the patient reaches 19 and is still under care, the contracted health care professional should retain the patient health care record for 10 years from the last date of service. The patient health care record must be maintained in a safe and secure location.

Contracted health care professionals shall maintain records in a safe, secure place and implement appropriate safeguards, as applicable, to protect the privacy and security of the records, in accordance with applicable laws, regulations, and contractual obligations.

Non-Compliance



Non-Compliance



Non-compliance is conduct that does not conform to the law, federal health care program requirements, or to an organization's ethical, business, and compliance policies.

Correcting Non-Compliance



Correcting non-compliance helps to avoid the recurrence of the same non-compliant behavior/conduct, and promotes efficiency and effective internal controls.

Investigating Non-Compliance



HNS will investigate all bona fide complaints of known or suspected violations by contracted health care professionals.



Contracted health care professionals must cooperate fully with any compliance investigation undertaken by HNS, any contracted health care plan, and/or governmental agency.

Penalties for Non-Compliance



HNS takes our compliance responsibilities seriously. Failure to comply with HNS Compliance Policies and the policies of contracted health care plans will subject contracted health care professionals to disciplinary action by HNS, up to and including termination of their Practitioner's Participation Agreement.

Additionally, health care professionals who violate laws and regulations risk individual criminal prosecution and penalties, civil actions for damages and penalties, and exclusion from federal and private health care programs.

Enforcement of Standards and Policies



By enforcing compliance to HNS' policies, HNS seeks to prevent accidental and intentional non-compliance with applicable laws, to detect such non-compliance if it occurs, to discipline those involved in non-compliant behavior, to remedy the effects of non-compliance, and to prevent repeat non-compliance.

If a material violation of applicable law, regulations, and/or HNS Compliance Policies occurs, HNS is committed to taking appropriate steps to correct the problem, including appropriate disciplinary actions.

HNS reserves the right to modify its sanction policies at any time and will provide timely notification to contracted health care professionals of any material changes.

Application of Sanctions



The review of misconduct and the imposition of sanctions for contracted health care professionals shall be the responsibility of HNS' Compliance Officer and CEO.

Written notifications of sanctions/disciplinary actions will be communicated to the individual engaged in the misconduct and will include the misconduct, and as applicable, may include a summary of the results of the investigation.

Disciplinary Action



If HNS concludes that an individual has violated laws, regulations, or HNS Policies, the individual will be subject to appropriate disciplinary action.

Disciplinary measures will be taken on a case-by-case basis. HNS reserves the right to apply sanctions at its discretion, based on the seriousness of the misconduct, but all disciplinary action will be applied on an equitable basis.

Enforcement and discipline may include discipline of individuals *who fail to report suspected or known non-compliant conduct*, and/or who fail to fully cooperate with compliance investigations.

Any combination of the following sanctions may be applied for misconduct relating to non-compliance.

Disciplinary Action



Sanctions for Negligent Action:

- ❧ Issuing verbal or written warning;
- ❧ Requiring additional compliance training or other educational requirements;
- ❧ Requiring the completion and submission of a corrective action plan (CAP);
- ❧ Temporarily suspending the health care professional's access to *HNSConnect*[®] or his/her ability to submit claims to HNS via Office Ally[™];

Disciplinary Action



Sanctions for Negligent Action (continued):

- ☞ Auditing of patient health care and financial records; and/or
- ☞ Placing the health care professional on probationary status with HNS.
- ☞ Termination of participation from the HNS Network;
- ☞ Reporting the misconduct to the appropriate federal and state authorities, including, but not limited to, state licensing boards and the National Practitioner's Data Bank (NPDB), as well as contracted health care plans.

Disciplinary Action



Sanctions for Intentional Action:

- ❧ Requiring additional compliance training;
- ❧ Requiring the completion and submission of a corrective action plan (CAP);
- ❧ Temporarily suspending the health care professional's access to *HNSConnect*[®] or his/her ability to submit claims to HNS via Office Ally[™];
- ❧ Auditing of patient health care and financial records;

I.

Disciplinary Action



Sanctions for Intentional Action (continued)

- ☞ Placing the health care professional on probationary status with HNS;
- ☞ Terminating the health care professional from the network;
- ☞ Reporting the misconduct to the appropriate federal and state authorities, including but not limited to, state licensing boards and the National Practitioner's Data Bank (NPDB), as well as contracted health care plans; and/or
- ☞ Prosecuting the individual.

Confidentiality / No Retaliation



Confidentiality of Identity of Reporting Individual

When reporting suspected or known violations you may remain anonymous if you choose. Anyone reporting non-compliance is assured that such reports will be treated with appropriate confidentiality.

Whistle Blower Protection

Federal and state laws contain **protections** for “whistleblowers” who alert the appropriate governmental authority of a violation of laws. Under these laws, any person with actual knowledge of an allegedly false claim, including employees, may, under certain conditions, notify the appropriate state or federal governmental authorities about potential violations, without fear of retaliation. Whistleblowers may also be entitled to relief, including employment reinstatement, back pay, and other compensation arising from retaliatory conduct against him or her.

Duty to Report Violations

(FWA, HIPAA & Standards of Conduct)



You have a **duty to report** and immediately escalate any incidents of potential non-compliance or suspected fraud, waste and abuse.

Contracted health care professionals who fail to report suspected or known non-compliant conduct will be subject to HNS' Disciplinary Actions and Sanction Policies.

How to Report Violations



Report known or suspected violations to HNS.

Via email: HNSCompliance@healthnetworksolutions.net

OR

Contact the HNS Compliance Officer
at (877) 426-2411, ext. 2

How to Report Violations



You may also report violations to one or more of the following appropriate federal and state authorities:

US Office of Inspector General (OIG)

(FWA violations)

Compliance Hotline: 1-800-447-8477

Centers for Medicare and Medicaid (CMS)

(FWA violations)

Compliance Hotline: 1-800-MEDICARE
1-800-633-4227 or 1-877-486-2048

Secretary, Department of Health and Human Services

Office of Civil Rights (OCR)

(HIPAA violations)

<http://www.hhs.gov/ocr/privacy/hipaa/complaints>

Questions about Non-Compliance



Despite best efforts by each of us to comply with applicable laws, inevitably there will be questions about the appropriateness of a behavior, action, or practice by ourselves, our employees, and/or our colleagues.

HNS is here to help!

If you have questions regarding the information presented in this training module, or the HNS Compliance Policies for Contracted Healthcare Professionals, or whether certain conduct should be reported, please contact the HNS Compliance Officer.

HNSCompliance@HealthNetworkSolutions.net

or

(877) 426-2411, ext. 2

Summary



All of us must conduct business in accordance with the highest ethical standards and in accordance with federal and state laws and regulations and policies which govern our industry.

Compliance training helps us meet this objective by increasing awareness of our legal environment and by helping us detect and prevent violations of laws applicable to our industry.

Remember:
**Prevent, Detect, Report, and Correct
Non-Compliance!**

Putting It All Together...



This concludes the portion of this training developed by HNS.

The following slides are from CMS' Compliance Training module and are required to be included in the HNS Compliance Training.





Part 2: Medicare Parts C & D Compliance Training



*Developed by the
Centers for Medicare
& Medicaid Services*

IMPORTANT NOTICE

This training module will assist Medicare Parts C and D plan Sponsors in satisfying the Compliance training requirements of the Compliance Program regulations at 42 C.F.R. §§ 422.503(b)(4)(vi) and 423.504(b)(4)(vi) and in Section 50.3 of the Compliance Program Guidelines found in Chapter 9 of the Medicare Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual.

While Sponsors may choose to use this module to satisfy compliance training requirements, completion of this training in and of itself does not ensure that a Sponsor has an “effective Compliance Program.” Sponsors are responsible for ensuring the establishment and implementation of an effective Compliance Program in accordance with CMS regulations and program guidelines.

Why Do *I* Need Training?

Compliance is EVERYONE'S responsibility!

As an individual who provides health or administrative services for Medicare enrollees, every action you take potentially affects Medicare enrollees, the Medicare program, or the Medicare trust fund.

Training Objectives



To understand the organization's commitment to ethical business behavior



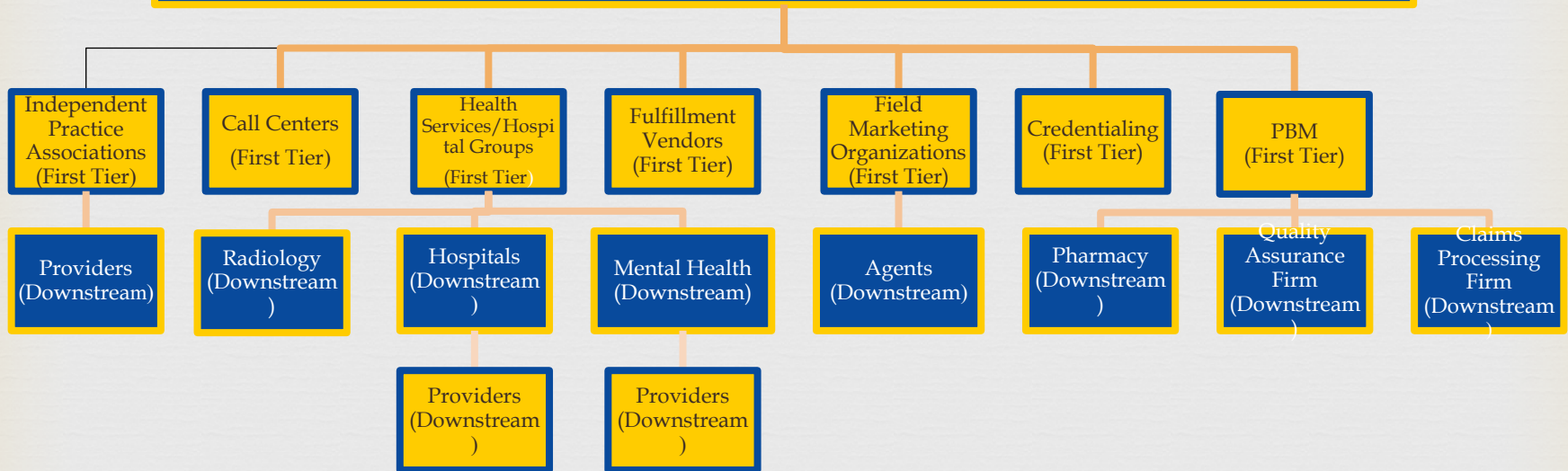
To understand how a compliance program operates



To gain awareness of how compliance violations should be reported

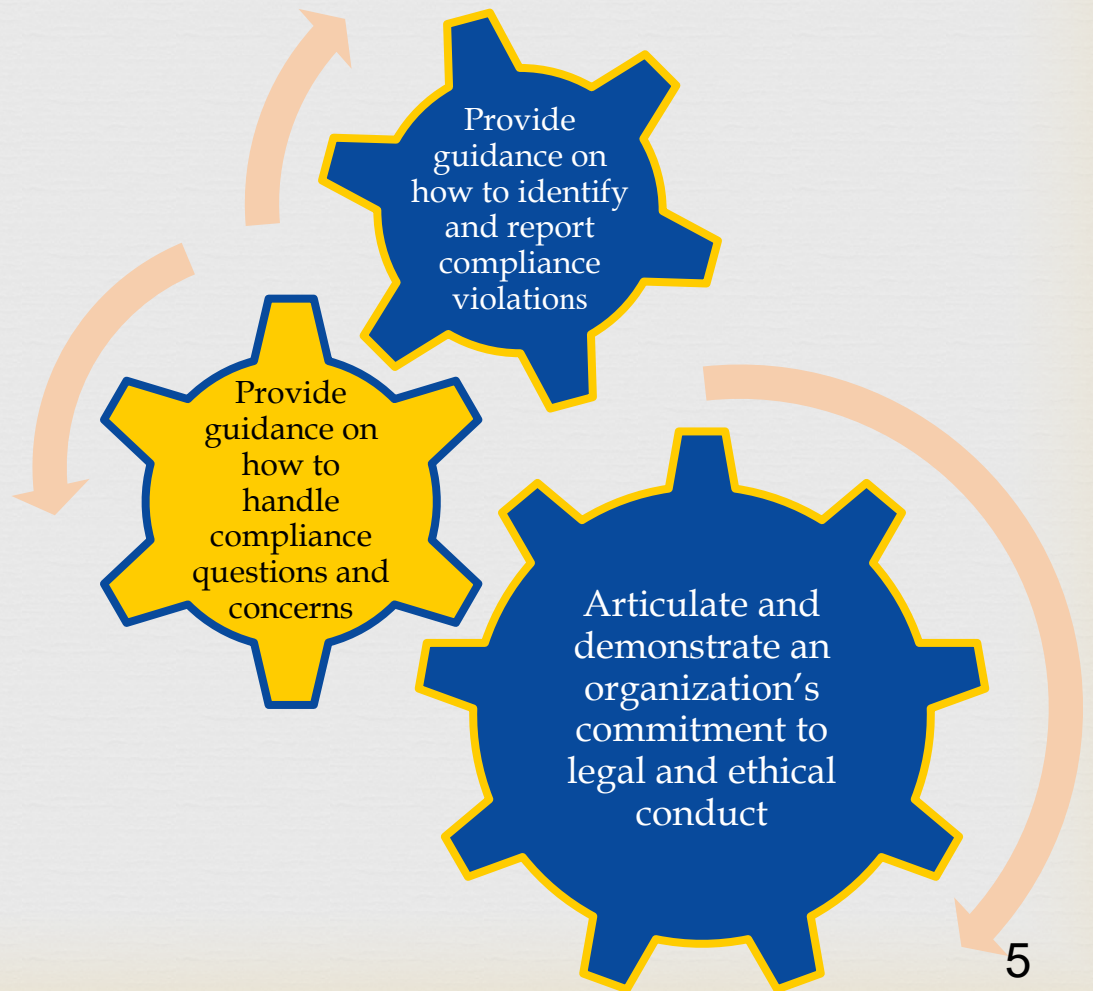
Where Do I Fit in the Medicare Program?

Medicare Advantage Organization, Prescription Drug Plan, and Medicare Advantage-Prescription Drug Plan



Background

- ☞ CMS requires Medicare Advantage, Medicare Advantage-Prescription Drug, and Prescription Drug Plan Sponsors (“Sponsors”) to implement an effective compliance program.
- ☞ An effective compliance program should:



Compliance

A culture of compliance within an organization:

Prevents
noncompliance

Detects
noncompliance

Corrects
noncompliance

Compliance Program Requirements

At a minimum, a compliance program must include the 7 core requirements:

1. Written Policies, Procedures and Standards of Conduct;
2. Compliance Officer, Compliance Committee and High Level Oversight;
3. Effective Training and Education;
4. Effective Lines of Communication;
5. Well Publicized Disciplinary Standards;
6. Effective System for Routine Monitoring and Identification of Compliance Risks; and
7. Procedures and System for Prompt Response to Compliance Issues

42 C.F.R. §§ 422.503(b)(4)(vi) and 423.504(b)(4)(vi); Internet-Only Manual (“IOM”), Pub. 100-16, Medicare Managed Care Manual Chapter 21; IOM, Pub. 100-18, Medicare Prescription Drug Benefit Manual Chapter 9

Compliance Training

- ✧ CMS expects that all Sponsors will apply their training requirements and “effective lines of communication” to the entities with which they partner.
- ✧ Having “effective lines of communication” means that employees of the organization and the partnering entities have several avenues through which to report compliance concerns.

Ethics – Do the Right Thing!

Act Fairly and Honestly

Comply with the letter and spirit
of the law

As a part of the Medicare program,
it is important that you conduct
yourself in an ethical and legal
manner.

It's about doing the right thing!

Adhere to high ethical standards
in all that you do

Report suspected violations

How Do I Know What is Expected of Me?

Standards of Conduct (or Code of Conduct) state compliance expectations and the principles and values by which an organization operates.

Contents will vary as Standards of Conduct should be tailored to each individual organization's culture and business operations.

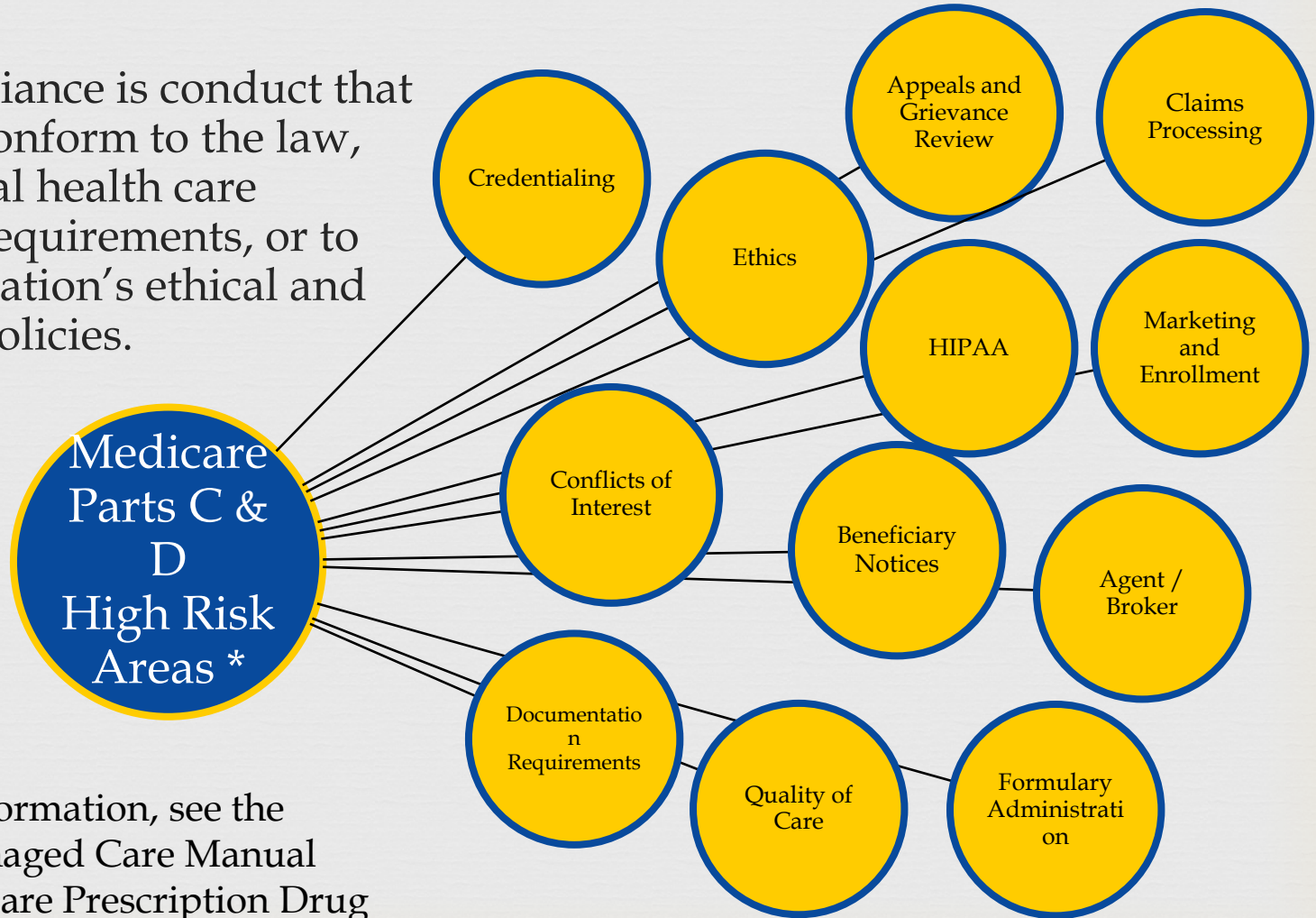
How Do I Know What is Expected of Me (cont.)?

Everyone is required to report violations of Standards of Conduct and suspected noncompliance.

An organization's Standards of Conduct and Policies and Procedures should identify this obligation and tell you how to report.

What Is Noncompliance?

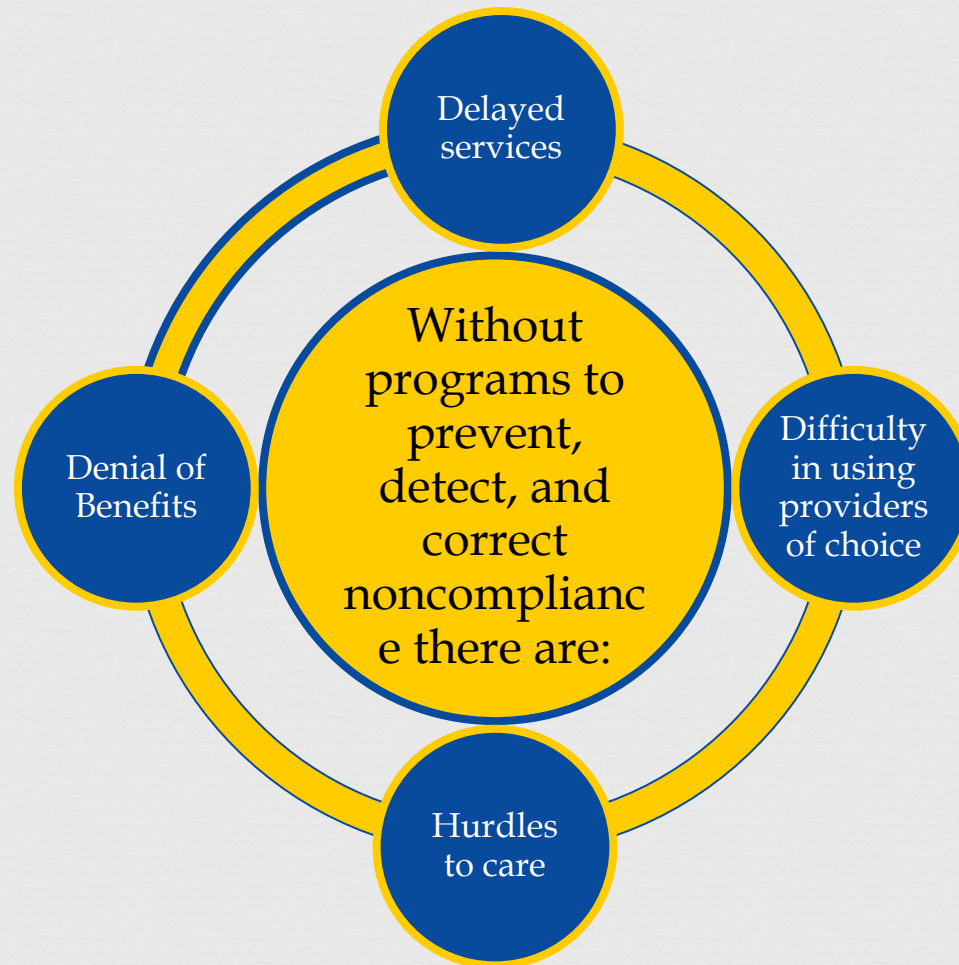
Noncompliance is conduct that does not conform to the law, and Federal health care program requirements, or to an organization's ethical and business policies.



* For more information, see the Medicare Managed Care Manual and the Medicare Prescription Drug Benefit Manual on

<http://www.cms.gov>

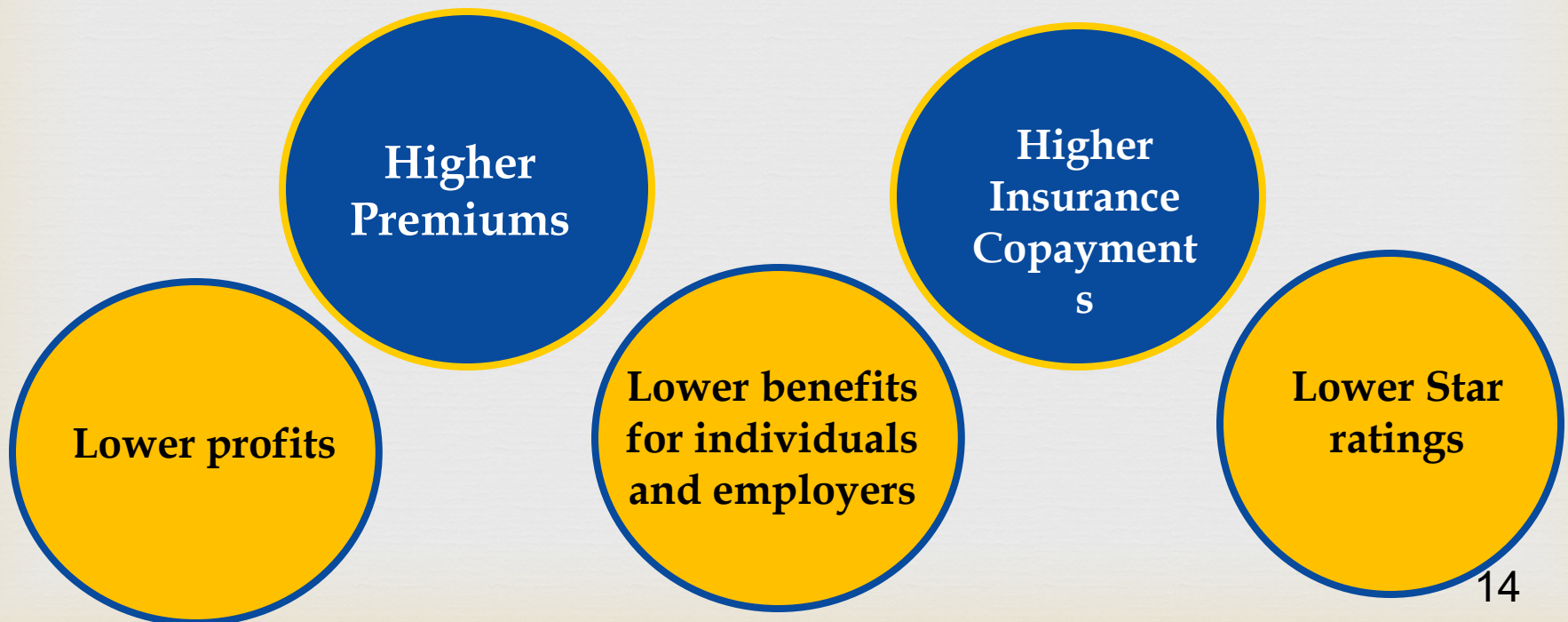
Noncompliance Harms Enrollees



Noncompliance Costs Money

Non Compliance affects EVERYBODY!

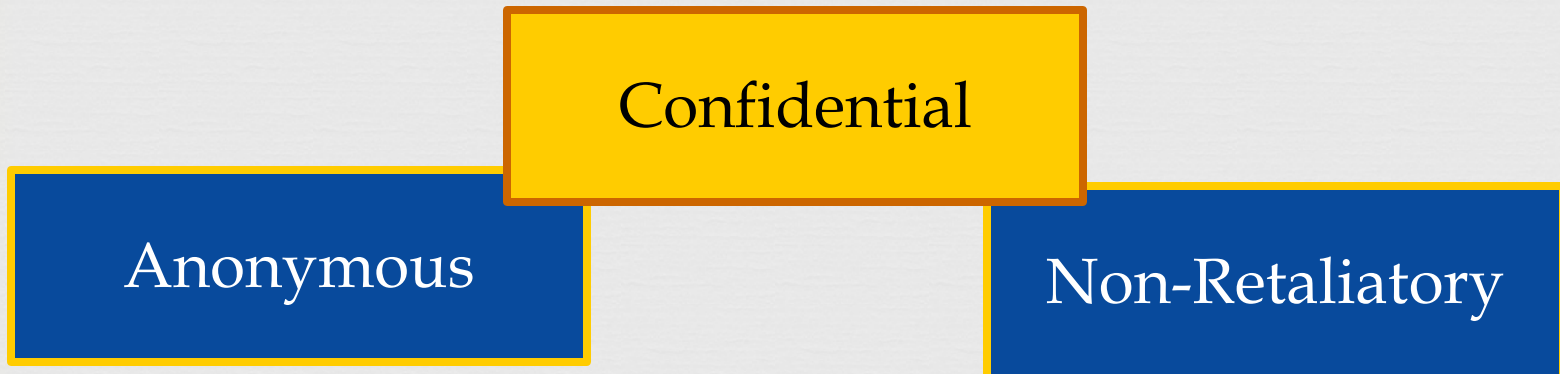
Without programs to prevent, detect, and correct noncompliance you risk:



I'm Afraid to Report Noncompliance

There can be NO retaliation against you for reporting suspected noncompliance in good faith.

Each Sponsor must offer reporting methods that are:



How Can I Report Potential Noncompliance?

Employees of an MA, MA-PD, or PDP Sponsor

- Call the Medicare Compliance Officer
- Make a report through the Website
- Call the Compliance Hotline

FDR Employees

- Talk to a Manager or Supervisor
- Call Your Ethics/Compliance Help Line
- Report through the Sponsor

Beneficiaries

- Call the Sponsor's compliance hotline
- Make a report through Sponsor's website
- Call 1-800-Medicare

What Happens Next?

After noncompliance has been detected...

It must be investigated *immediately*...

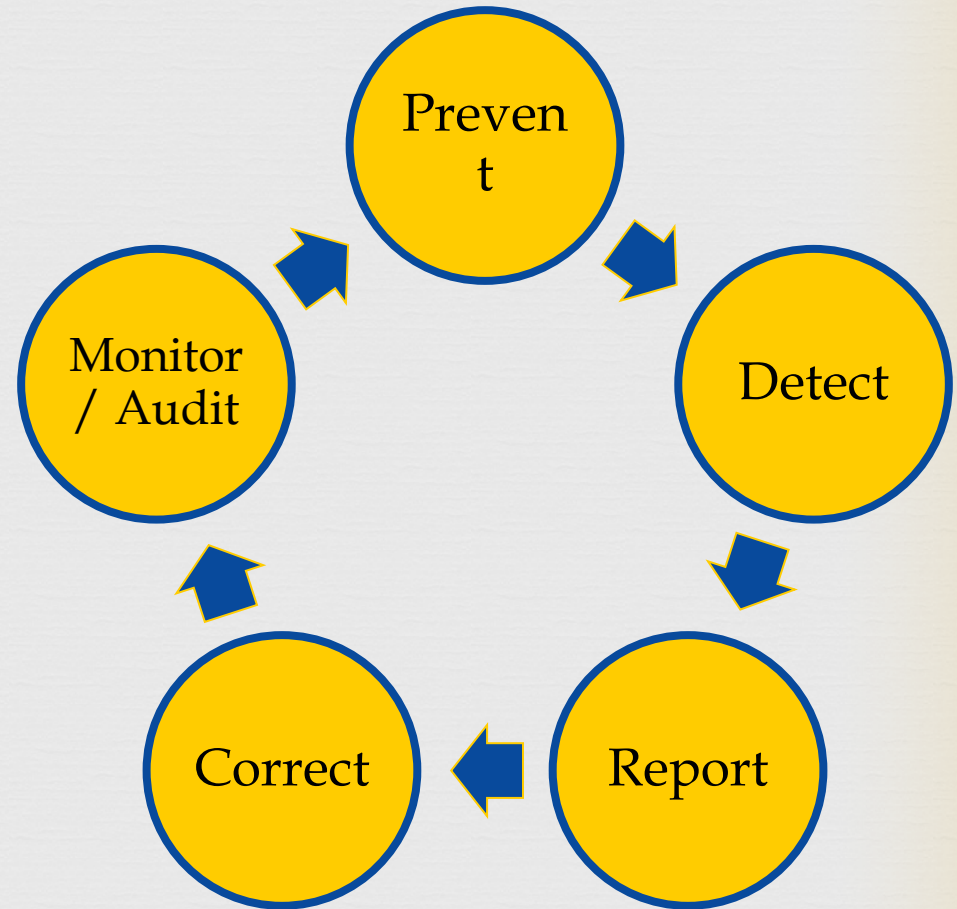
And then *promptly* correct any noncompliance

Correcting Noncompliance

- ☞ Avoids the recurrence of the same noncompliance
- ☞ Promotes efficiency and effective internal controls
- ☞ Protects enrollees
 - Ensures ongoing compliance with CMS requirements

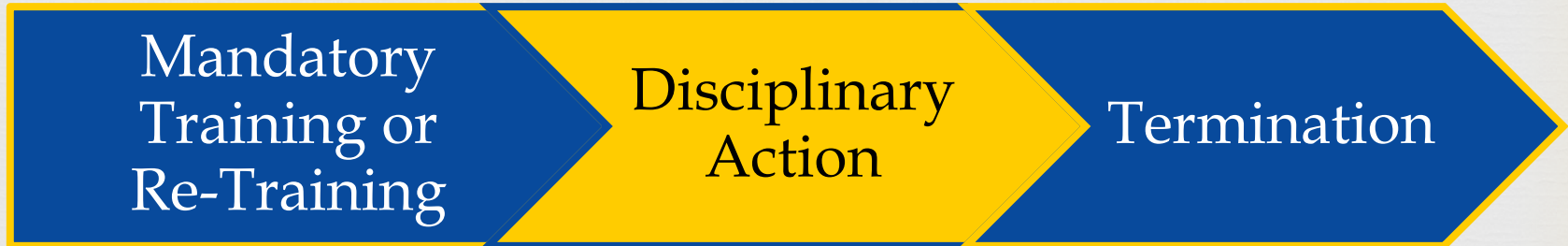
How Do I Know the Noncompliance Won't Happen Again?

- Once noncompliance is detected and corrected, an ongoing evaluation process is critical to ensure the noncompliance does not recur.
- Monitoring activities are regular reviews which confirm ongoing compliance and ensure that corrective actions are undertaken and effective.
- Auditing is a formal review of compliance with a particular set of standards (e.g., policies and procedures, laws and regulations) used as base measures



Know the Consequences of Noncompliance

Your organization is required to have disciplinary standards in place for non-compliant behavior. Those who engage in non-compliant behavior may be subject to any of the following:



Compliance is EVERYONE'S Responsibility!!

PREVENT

- Operate within your organization's ethical expectations to PREVENT noncompliance!

DETECT & REPORT

- If you DETECT potential noncompliance, REPORT it!

CORRECT

- CORRECT noncompliance to protect beneficiaries and to save money!

Scenario 1

You have discovered an unattended email address or fax machine in your office which receives beneficiary appeals requests.

You suspect that no one is processing the appeals. What should you do?

Scenario 1

- A) Contact Law Enforcement
- B) Nothing
- C) Contact your Compliance Department
- D) Wait to confirm someone is processing the appeals before taking further action
- E) Contact your supervisor

Scenario 1

The correct answer is: C – Contact your Compliance Department.

Suspected or actual noncompliance should be reported immediately upon discovery. It is best to report anything that is suspected rather than wait and let the situation play out.

Your Sponsor's compliance department will have properly trained individuals who can investigate the situation and then, as needed, take steps to correct the situation according to the Sponsor's Standards of Conduct and Policies and Procedures.

Scenario 2

A sales agent, employed by the Sponsor's first-tier or downstream entity, has submitted an application for processing and has requested two things:

- i) the enrollment date be back-dated by one month
- ii) all monthly premiums for the beneficiary be waived

What should you do?

Scenario 2

- A) Refuse to change the date or waive the premiums, but decide not to mention the request to a supervisor or the compliance department
- B) Make the requested changes because the sales agent is responsible for determining the beneficiary's start date and monthly premiums
- C) Tell the sales agent you will take care of it, but then process the application properly (without the requested revisions). You will not file a report because you don't want the sales agent to retaliate against you
- D) Process the application properly (without the requested revisions). Inform your supervisor and the compliance officer about the sales agent's request.
- E) Contact law enforcement and CMS to report the sales agent's behavior.

Scenario 2

The correct answer is: D - Process the application properly (without the requested revisions). Inform your supervisor and the compliance officer about the sales agent's request.

The enrollment application should be processed in compliance with CMS regulations and guidance. If you are unclear about the appropriate procedure, then you can ask your supervisor or the compliance department for additional, job-specific training.

Your supervisor and the compliance department should be made aware of the sales agent's request so that proper retraining and any necessary disciplinary action can be taken to ensure that this behavior does not continue. *No one*, including the sales agent, your supervisor, or the Compliance Department, can retaliate against you for a report of noncompliance made in good faith.

Scenario 3

You work for an MA-PD Sponsor. Last month, while reviewing a monthly report from CMS, you identified multiple enrollees for which the Sponsor is being paid, who are not enrolled in the plan.

You spoke to your supervisor, Tom, who said not to worry about it. This month, you have identified the same enrollees on the report again.

What do you do?

Scenario 3

- A) Decide not to worry about it as your supervisor, Tom, had instructed. You notified him last month and now it's his responsibility.
- B) Although you have seen notices about the Sponsor's non-retaliation policy, you are still nervous about reporting. To be safe, you submit a report through your Compliance Department's anonymous tip line so that you cannot be identified.
- C) Wait until next month to see if the same enrollees are on the report again, figuring it may take a few months for CMS to reconcile its records. If they are, then you will say something to Tom again.
- D) Contact law enforcement and CMS to report the discrepancy.
- E) Ask Tom about the discrepancies again.

Scenario 3

The correct answer is: B - Although you have seen notices about the Sponsor's non-retaliation policy, you are still nervous about reporting. To be safe, you submit a report through your Compliance Department's anonymous tip line so that you cannot be identified.

There can be no retaliation for reports of noncompliance made in good faith. To help promote reporting, Sponsors should have easy-to-use, confidential reporting mechanisms available to its employees 24 hours a day, 7 days a week.

It is best to report any suspected noncompliance to the Compliance Department promptly to ensure that the Sponsor remains in compliance with CMS requirements. Do the right thing! Compliance is everyone's responsibility.

What Governs Compliance?

- **Social Security Act:**
 - Title 18
- **Code of Federal Regulations*:**
 - 42 CFR Parts 422 (Part C) and 423 (Part D)
- **CMS Guidance:**
 - Manuals
 - HPMS Memos
- **CMS Contracts:**
 - Private entities apply and contracts are renewed/non-renewed each year
- **Other Sources:**
 - OIG/DOJ (fraud, waste and abuse (FWA))
 - HHS (HIPAA privacy)
- **State Laws:**
 - Licensure
 - Financial Solvency
 - Sales Agents

* 42 C.F.R. §§ 422.503(b)(4)(vi) and 423.504(b)(4)(vi)

Additional Resources

- ✧ For more information on laws governing the Medicare program and Medicare noncompliance, or for additional healthcare compliance resources please see:
- Title XVIII of the Social Security Act
 - Medicare Regulations governing Parts C and D (42 C.F.R. §§ 422 and 423)
 - Civil False Claims Act (31 U.S.C. §§ 3729-3733)
 - Criminal False Claims Statute (18 U.S.C. §§ 287,1001)
 - Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))
 - Stark Statute (Physician Self-Referral Law) (42 U.S.C. § 1395nn)
 - Exclusion entities instruction (42 U.S.C. § 1395w-27(g)(1)(G))
 - The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191) (45 CFR Part 160 and Part 164, Subparts A and E)
 - OIG Compliance Program Guidance for the Healthcare Industry:
<http://oig.hhs.gov/compliance/compliance-guidance/index.asp>

Chronic Special Needs Plan (CSNP) Education



The following slides relate to CMS mandated CSNP education and are required to be included in the HNS Compliance Training.

Much of the guidance included in this section of the training is part of Health Team Advantage's (HTA) CSNP training. HNS thanks HTA for allowing HNS to share this information with our contracted health care professionals.)

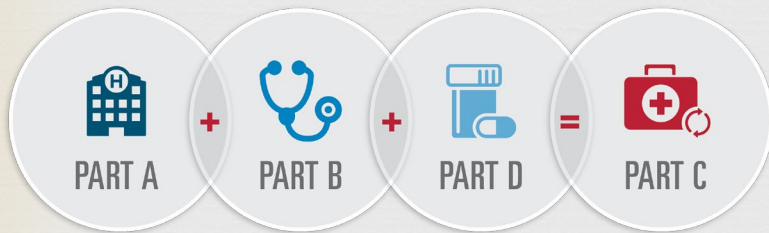


Learning Goals



- ❖ What is a Chronic Special Needs Plan (CSNP) and how does it differ from traditional Medicare Advantage plans?
- ❖ How do beneficiaries qualify for the plan?
- ❖ What is a Special Needs Plan (SNP) Model of Care (MOC)?
- ❖ Understanding the care coordination for SNP members and the development of an individual care plan (ICP)
- ❖ The membership and function of the interdisciplinary care team (ICT)
- ❖ New benefits for 2021: custodial care, Medicare-covered acupuncture services, Medicare-covered home infusion therapy services and the Senior Savers Program

Ownership & Operations



- ❖ Congress created Special Needs Plans (SNPs) as a new Medicare Advantage (MA) plan type in 2003
- ❖ The Center for Medicare & Medicaid Services (CMS) approves three types of SNPs:
 - **Dual-eligible SNPs:** enroll only beneficiaries dually entitled to Medicare and Medicaid
 - **Chronic SNPs:** enroll only beneficiaries who have certain chronic or disabling conditions
 - **Institutional SNPs:** enroll only beneficiaries who reside in institutions or are nursing-home certified

Characteristics of Special Needs Plans



- ❖ Limited enrollment: Members must have a qualifying condition
- ❖ The members tend to have multiple comorbid conditions and are more challenging, complicated, and costly to manage
- ❖ Plan benefits are customized to better meet the needs of the chosen population
- ❖ Enrollment options are year-round for those with qualifying conditions
- ❖ There must be a comprehensive SNP Model of Care (MOC) that provides a detailed road map for care management, policies, and clinical operations (The MOC must be approved by NCQA)

The CMS List of 15 SNP-specific Chronic Conditions

Medicare Advantage plan targeting benefits for persons with one or more of the following severe or disabling chronic conditions:

- ❖ Chronic alcohol and other drug dependence
- ❖ Autoimmune disorders
- ❖ Cancer (excluding pre cancer conditions)
- ❖ Cardiovascular disorders

- ❖ Chronic heart failure
- ❖ Dementia
- ❖ Diabetes mellitus
- ❖ End-stage liver disease
- ❖ End-Stage Renal Disease (ESRD) requiring any mode of dialysis

- ❖ Severe hematologic disorders
- ❖ HIV/AIDS
- ❖ Chronic lung disorders
- ❖ Chronic and disabling mental health conditions
- ❖ Neurologic disorders
- ❖ Stroke

HTA's Diabetes & Heart Care HMO (example CSNP)



- ❖ HealthTeam Advantage (HTA) Chronic Special Needs Plan (CSNP) for Medicare eligible beneficiaries who have diabetes and/or chronic heart failure (CHF).
- ❖ **Eligibility requirements:**
 - Eligible beneficiaries must be entitled to Medicare Part A and enrolled in Part B as of the effective date of coverage
 - Prospective members must have a verified diagnosis of diabetes and/or chronic heart failure
 - Prospective members must reside in Guilford County, NC
- ❖ **Eligibility will be verified by the following:**
 - At the point of enrollment, enrollees must attest to having the chronic condition. Verification of a member's diagnoses for enrollment in the CSNP will be confirmed through a provider verification form.

Customer Value Proposition



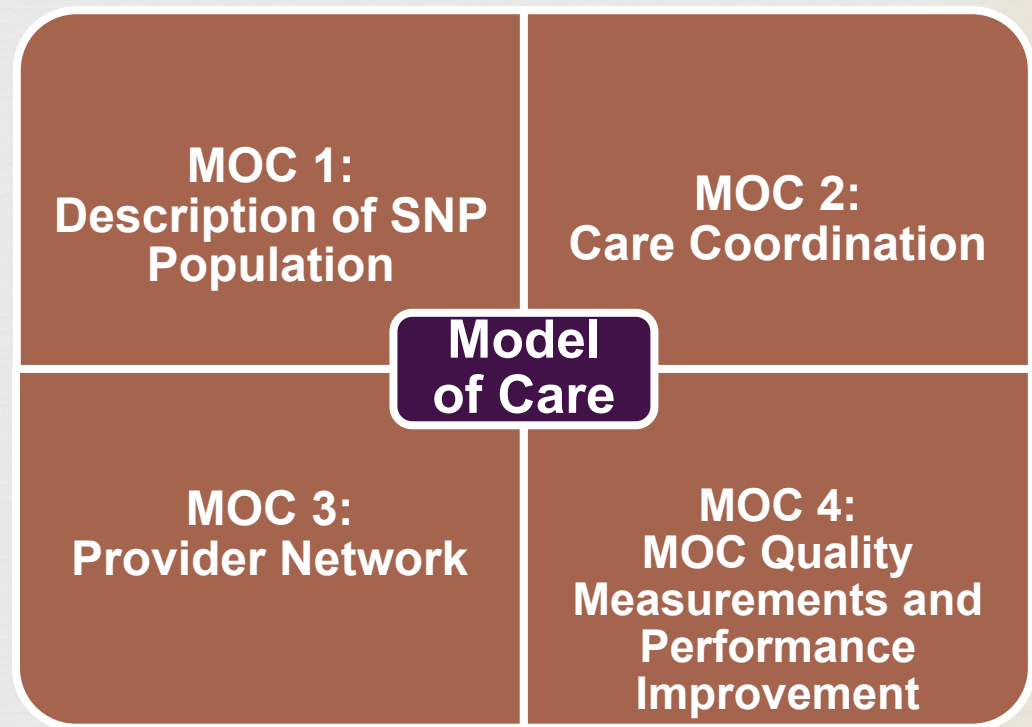
“To partner with beneficiaries in management of their chronic conditions, reduce acute exacerbations of heart failure, improve diabetic control, and generally improve care, outcomes, and the experience of care.”

- ❖ Individualized member care plan
- ❖ Care coordination between primary care and specialty services
- ❖ Concierge model for personalized customer service
- ❖ Integrated pharmacist support
- ❖ Disease-specific education
- ❖ Specially tailored formularies (\$0 copays for key meds)
- ❖ Senior Savings Model for insulin coverage
- ❖ Care plans directed by local expert physicians
- ❖ Latest technologic advances to improve monitoring and compliance

Every CSNP must have a Model of Care (MOC)



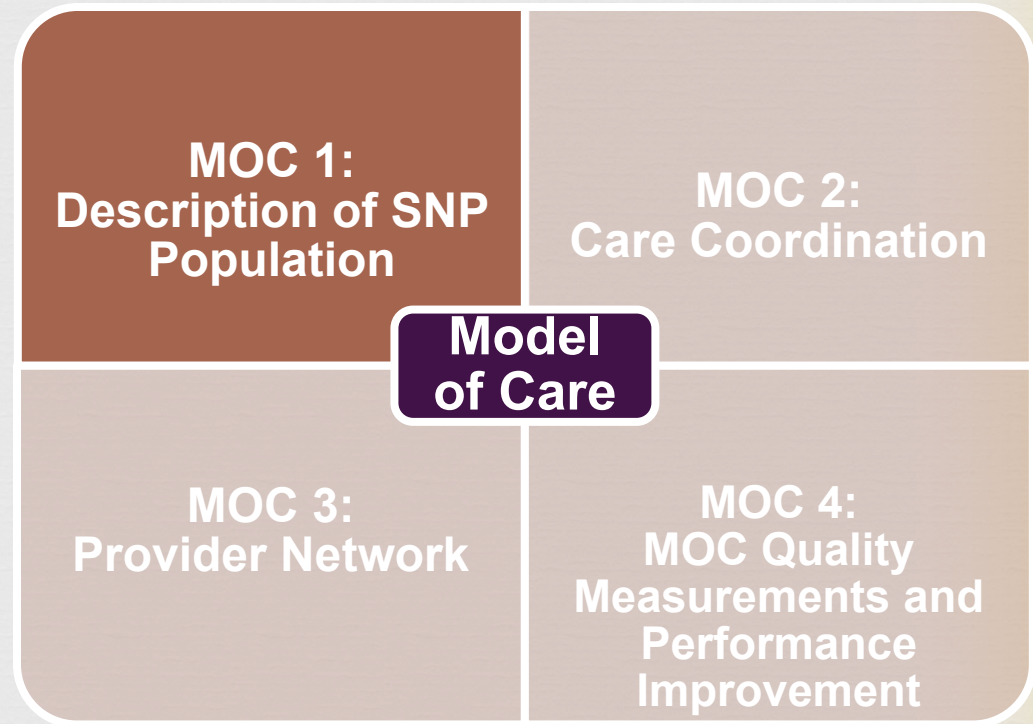
The MOC is developed to assure that beneficiaries' unique needs are identified and addressed. CMS mandates that staff and providers involved with this population undergo annual training on the MOC.



MOC Element #1



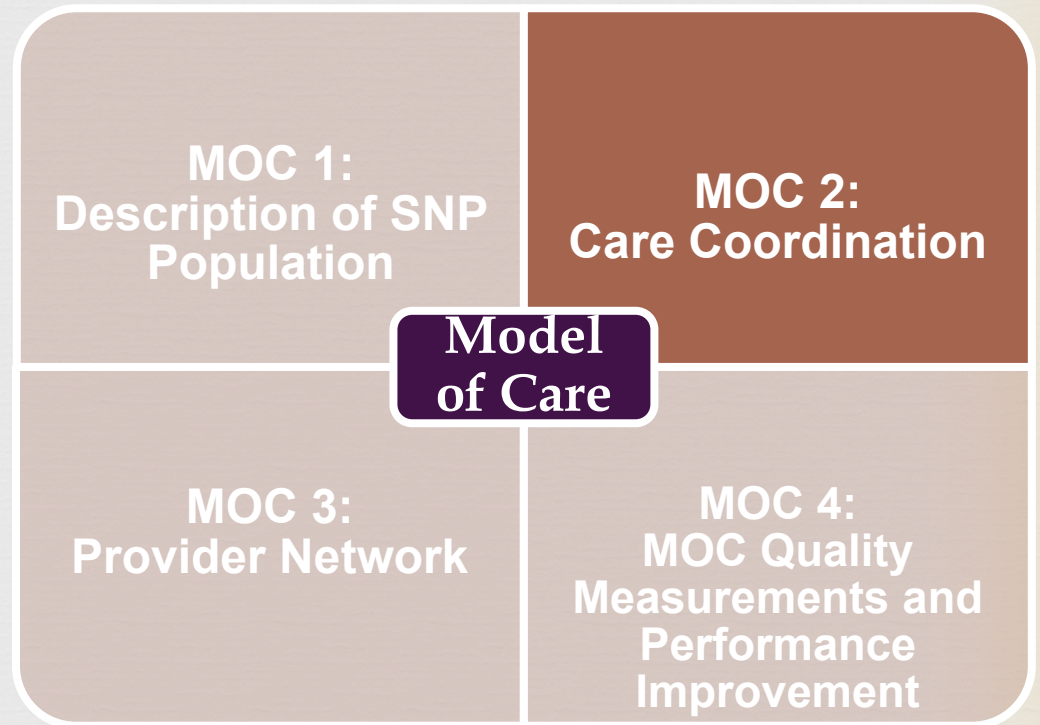
Understanding of the intended population with methods to identify the most vulnerable members of this population.

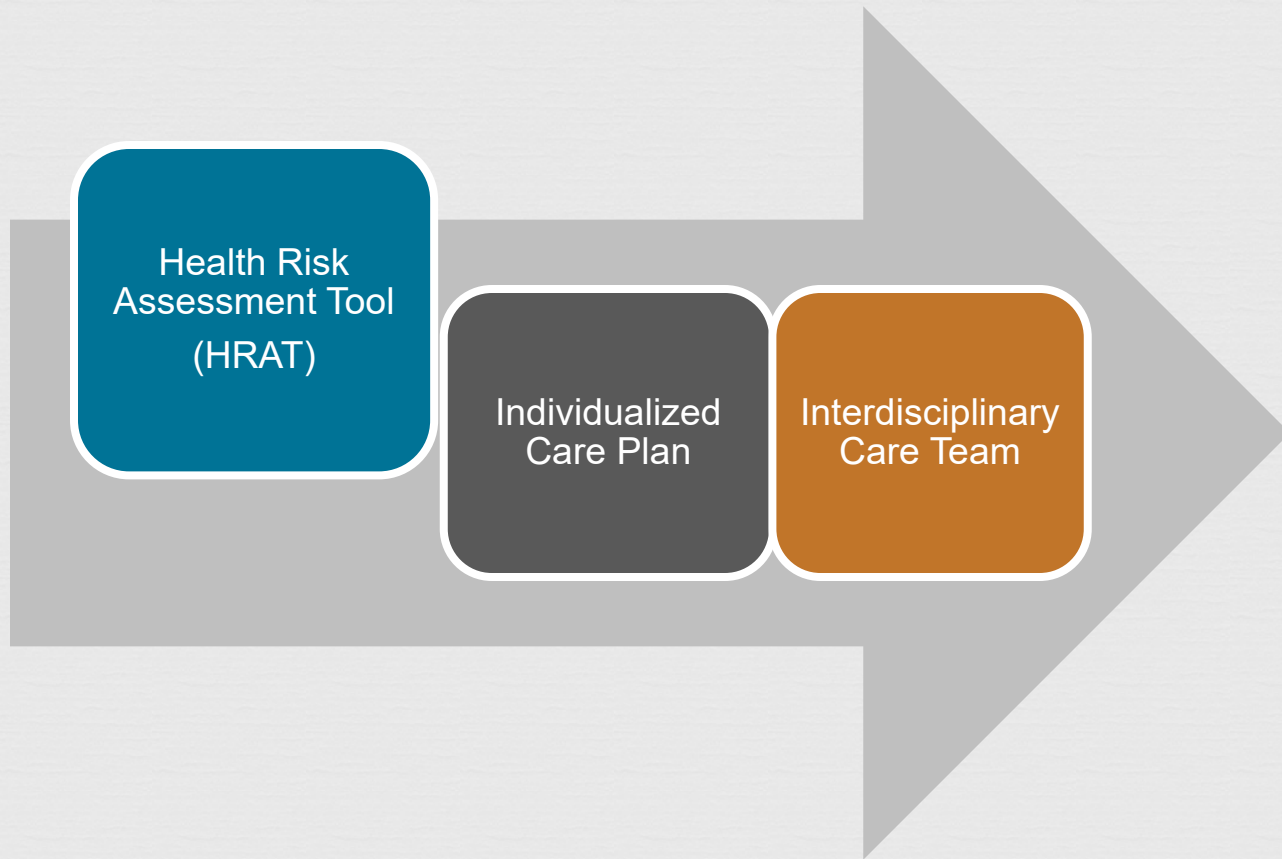


MOC Element #2



Detailed plan for care coordination utilizing the PCP and the member as the center of the care team.





Health Risk Assessment Tool



Does one of your medical conditions significantly overwhelm your ability to take care of yourself?

Yes No Which condition? _____

Do you have trouble obtaining food on a frequent basis?

Yes No

Do you need assistance with the following? Check one response for each task.

Task	Able to do this without help	I have some help with these	I need help and I have no one to help me.
Bathing			
Dressing			
Eating			
Using the restroom			
Walking			
Taking medications			
Meal preparation			
Housekeeping chores			
Shopping and errands			
Transportation			
Money management			

If you smoke, are you thinking about quitting smoking and interested in receiving some information?

Yes No

I do not smoke

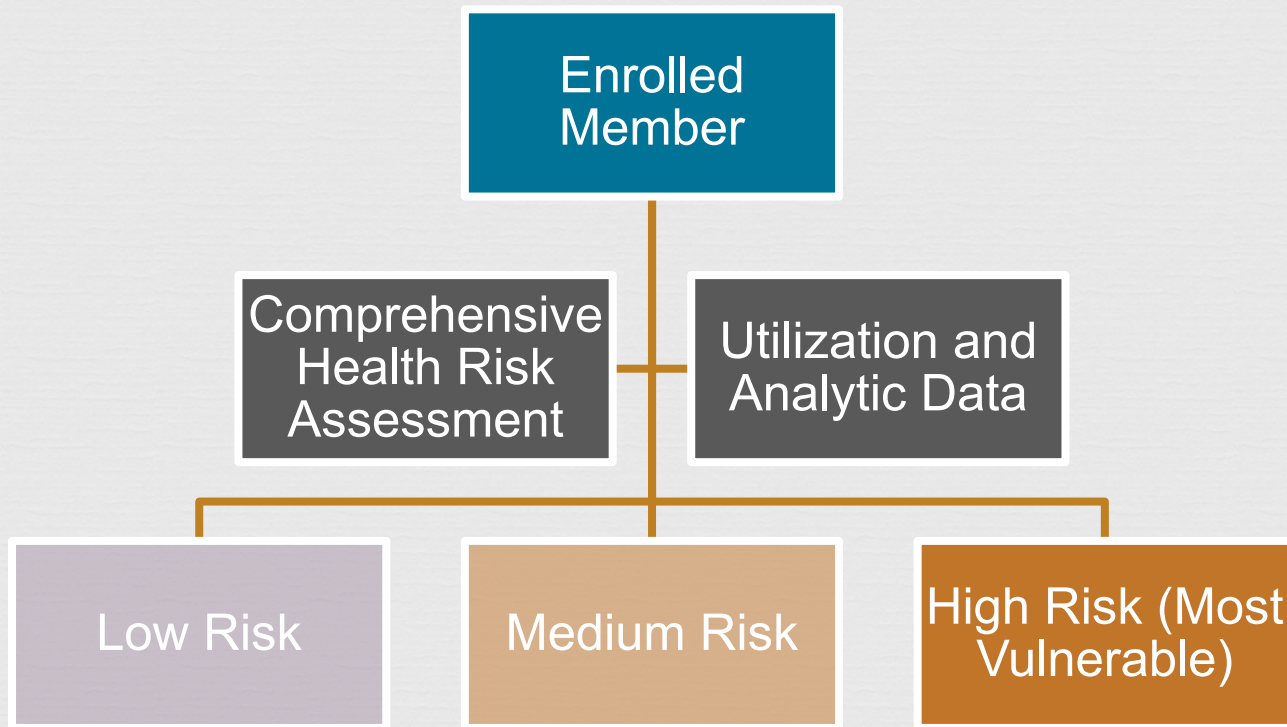
Do you take more than 10 medications?

Yes No

Do you sometimes go without your medications due to cost?

Yes No

Health Risk Assessments (HRAs) and Individual Care Plans (ICPs)



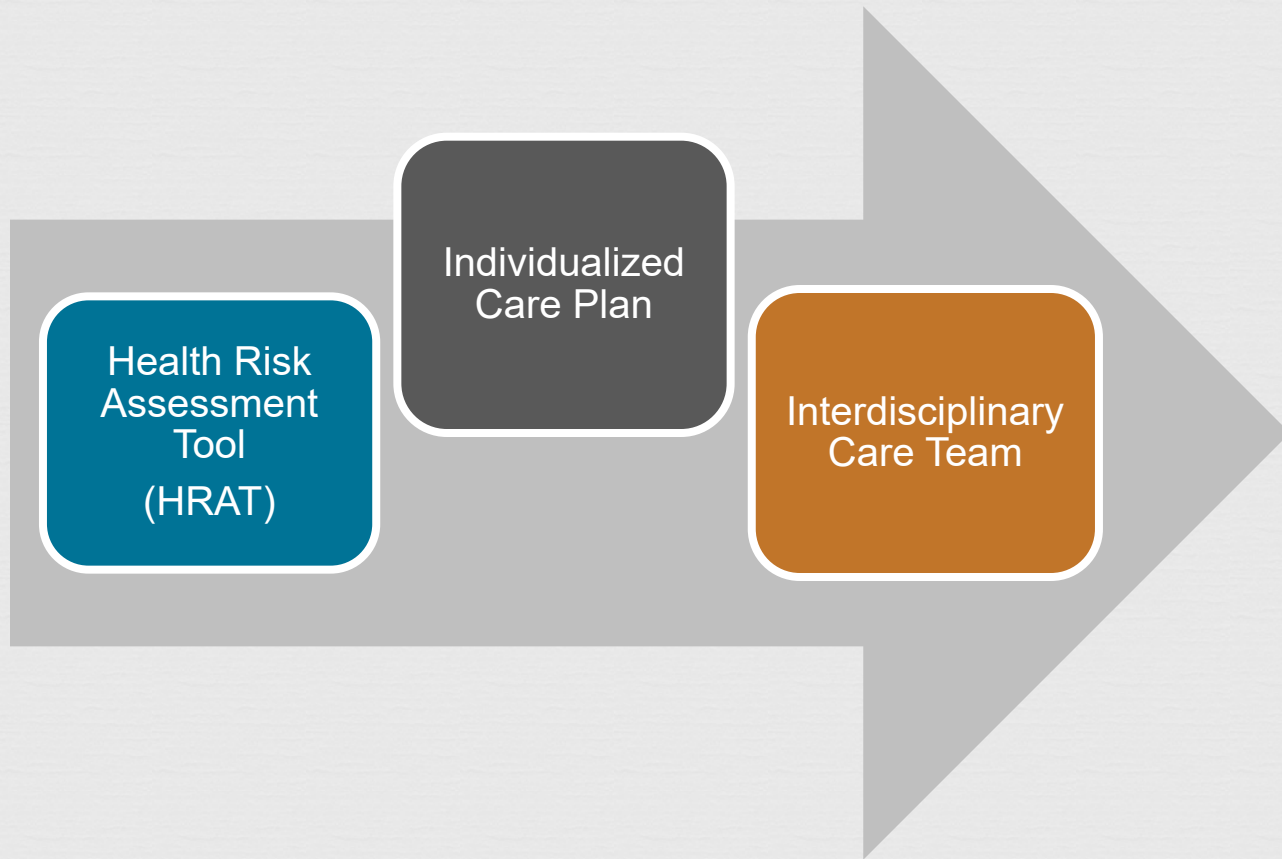
Key Triggers from HRAT and Historic UM Data to Identify High Risk Members



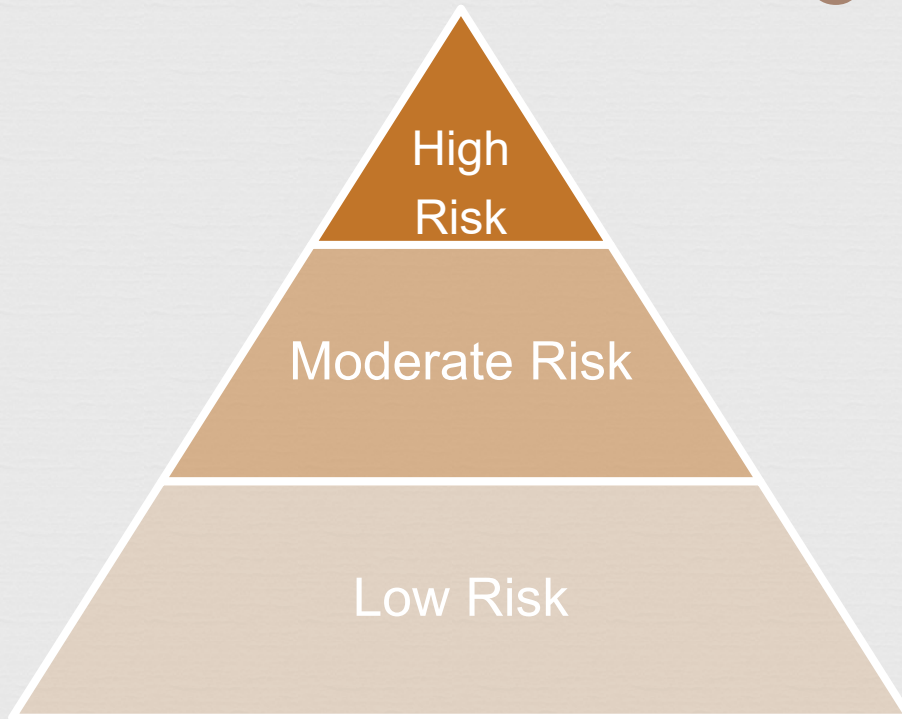
Vulnerability Trigger	Identification Method	“Most Vulnerable” Intervention
Landmark eligibility criteria Around multiple chronic conditions	Historic claims data and ongoing monthly claims data to identify members with 6+ chronic condition points (see point table)	Attempted enrollment in Landmark’s coordinated in-home care model
Polypharmacy (10 + prescription medications)	HRAT question/ Part D data	Pharmacist outreach to reconcile medications and conduct education on medication adherence, if necessary
ER utilization > 6 times in 6 months	PatientPing™ or claims data	Care management outreach To determine root cause of high utilization with tailored plan based on assessment. May include establishing member with new PCP or specialty care.
Hospital Admissions > 3 times in 6 months	PatientPing™ or claims data	Care management outreach To determine root cause of high utilization with tailored plan based on assessment. May include establishing member with new PCP or specialty care.


Chronic Condition Point System

Chronic Condition	Points
Atrial Fibrillation	1
Cancer	1
Cerebral Vascular Disease	1
Chronic Kidney Disease	1
Coronary Heart Disease/ Myocardial Infarction	1
Diabetes	1
Fluid and Electrolyte Disorders	1
Vascular Disease	1
Pulmonary Disease	1
Rheumatoid Arthritis/Osteoarthritis	1
Severe Chronic Liver Disease	1
Heart Failure	1
Behavioral Health	1
Substance Abuse Disorder	1
Disabling Condition	2
Frailty: Protein-Calorie Malnutrition	3
End Stage Renal Disease (ESRD)	1
Pressure Ulcers with Necrosis (Stage 4)	5



Individualized Care Plans (ICPs)



	
<div style="border: 1px solid black; background-color: #e6f2ff; padding: 2px;"> + DIABETES CARE PLAN </div>	
<div style="border: 1px solid black; background-color: #e6e6e6; padding: 2px;"> PROBLEMS </div>	
1. Member identified as diabetic through attestation and HbA1c value	
<div style="border: 1px solid black; background-color: #e6e6e6; padding: 2px;"> INTERVENTIONS </div>	
1.	Educational outreach via member newsletter and mailings <ul style="list-style-type: none"> a. Medication adherence b. Annual eye(retinal)exam c. Foot care d. Appropriate lab testing e. Dietary compliance
2.	Recommended Guidelines and Physician Monitoring for Compliance <ul style="list-style-type: none"> a. 2019 American Diabetes Association Guidelines: https://professional.diabetes.org/content-page/practice-guidelines-resources b. Monitor gap closure of annual HEDIS diabetic measurement set c. Appropriate lab testing for monitoring including: HgbA1c, LDL-C and renal function panels d. Monitoring of utilization metrics including annual wellness visits, emergency room utilization and hospital admissions e. Monitoring of abnormal results for further interventions
3.	Additional monitoring <ul style="list-style-type: none"> a. Medication reconciliation b. Functional status assessment
<div style="border: 1px solid black; background-color: #e6e6e6; padding: 2px;"> GOALS </div>	
1. HgbA1c < 7% 2. Monitor HgbA1c at least 2 times per 12 months 3. Medication adherence of 90% + 4. Annual wellness visit annually 5. At least one additional PCP visit/ year 6. Annual retinal exam 7. Annual foot exam 8. Annual lipid profile	

Member Education and Outreach



What Zone are you in today?

GREEN Zone	<ul style="list-style-type: none"> No shortness of breath No weight gain No swelling in legs, feet, ankles, belly or hands No chest discomfort, heaviness or pain 	This is your goal every day
Yellow Zone	<p>Do you have one or more of the following:</p> <ul style="list-style-type: none"> Weight gain of 3 pounds in one day or 5 pound in a week Swelling in feet, ankles, belly or hands Did you miss any of your medications It is harder for you to breath lying down, you need to sit up Chest discomfort, heaviness or pain New or worse dizziness Dry hacking cough You feel uneasy and just don't feel right 	Call your Doctor or 336-x xx-xxxx
Red Zone	<ul style="list-style-type: none"> It is hard to breathe and does not help when you sit up Stronger or more chest discomfort, heaviness or pain Fainting, nearly fainting or passing out New confusion or can't think clearly Coughing up frothy or pink sputum (mucous) 	Call 911

Diabetes care checklist



Keep track of your diabetes treatment

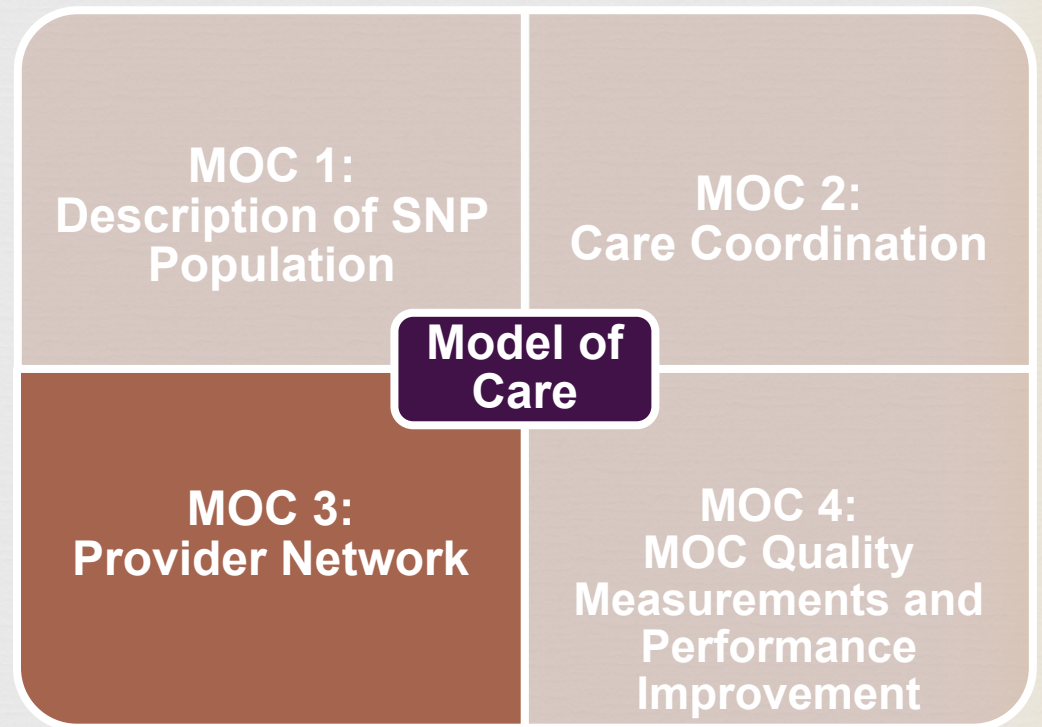
This checklist can help you keep track of your care and treatment. Review it with your doctor at each office visit.

Quarterly visits and tests (These tests are typically done 2 – 4 times a year)	Year 1				Year 2				Year 3			
Hemoglobin A1c (Goal is less than 7%)	date	result	date	result	date	result	date	result	date	result	date	result
Blood pressure (Goal is less than 140/90)												
Review medications												
BMI (every visit)												
Annual visits and tests (These tests are typically done once a year)	Year 1		Year 2		Year 3							
Dilated eye exams	date	result	date	result	date	result						
Kidney tests:												
• Urine Proteins (Microalbumin)												
• Serum Creatinine (in adults)												
Cholesterol and lipid tests (for patients with or at risk for heart disease):												
• Total (Goal is less than 200 mg/dl)												
• LDL (Goal is less than 100mg/dl)												
• Triglycerides (Goal is below 150 mg/dl)												
Other annual visits and tests	Year 1		Year 2		Year 3							
Wellness Exam	date	result	date	result	date	result						
Foot exam Annually												
Immunizations:												
• Flu vaccine Annually												
• Pneumovax and Pevnar vaccine once over age 65												

MOC Element #3



Detailed plan for care coordination utilizing the PCP and the member as the center of the care team.



Interdisciplinary Care Team

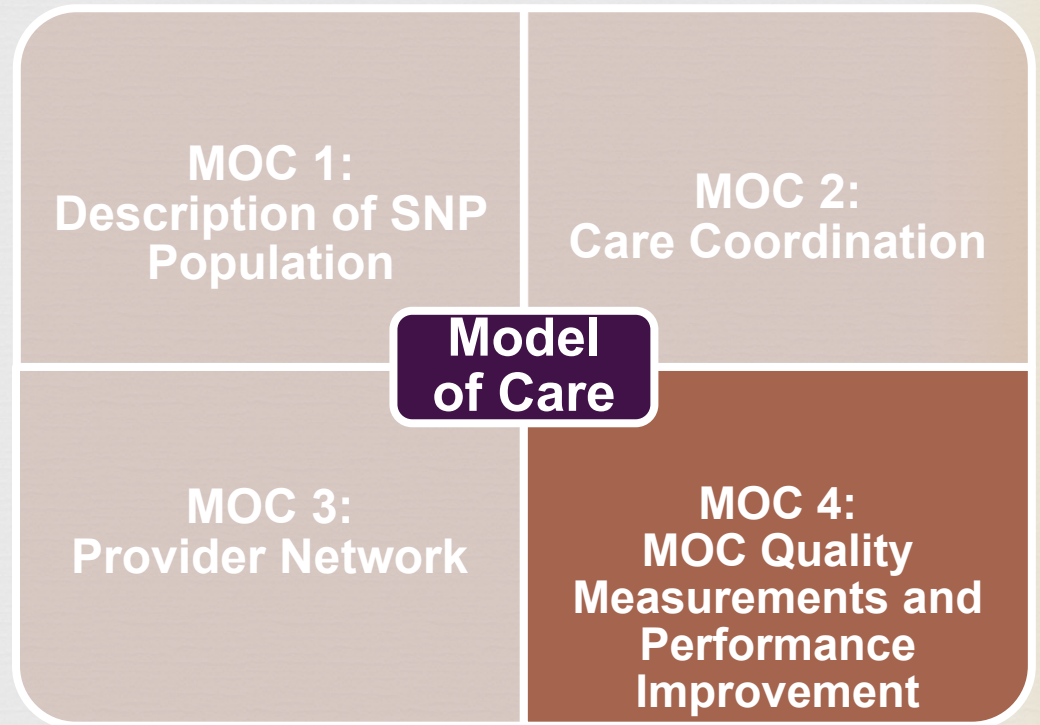


Revised 2022

MOC Element #4



Continuous monitoring of process, performance, and quality outcomes with detailed reporting and improvement strategies.



CSNP Measurable Goal Examples



Process Measures

- ❖ HRA completion rate
- ❖ IDT meeting rates
- ❖ Percentage of members with ICPs
- ❖ Complaints about the plan
- ❖ Percentage of staff that completes annual MOC training
- ❖ CAHPs survey results around getting needed care and care quickly

Outcome Measures

- ❖ HEDIS scores for diabetes and hypertension measures
- ❖ Medication adherence rates
- ❖ Plan's all-cause readmission
- ❖ ED utilization rates
- ❖ Generic medication dispensing rate
- ❖ Percentage of members with an assigned PCP

Cultural Competency



Introduction: Cultural Competency Training



HNS' Cultural Competency Program helps improve your ability to more effectively interact with patients of different cultures and different social and economic backgrounds, allowing you to provide the highest quality of care to every patient regardless of race, ethnicity, social, or cultural background.

(Much of the guidance included in this section of the training is part of CIGNA Healthcare's Cultural Competency Training Program. HNS thanks CIGNA for allowing HNS to share this information with our contracted health care professionals.)

Training Goals



- ☞ Define culture and cultural competence
- ☞ Explain the three benefits of clear communication
- ☞ Explore and understand LGBT (lesbian, gay, *bisexual*, and transgender) communities
- ☞ Address health care for refugees and immigrants
- ☞ Reflect on strategies when working with seniors and people with disabilities
- ☞ Understand HNS cultural competency best practices and solutions

How Does Culture Impact the Care that is Given to Patients?



☞ Culture informs:

- ☞ concepts of health and healing.
- ☞ how illness, disease, and their causes are perceived.
- ☞ the behaviors of patients who are seeking health care.
- ☞ attitudes toward health care providers.

Adapted from <http://minorityhealth.hhs.gov>

Culture Impacts Every Health Care Encounter



- ☞ Culture **defines** health care expectations:
 - ☞ who provides treatment
 - ☞ what is considered a health problem
 - ☞ what type of treatment
 - ☞ where care is sought
 - ☞ how symptoms are expressed
 - ☞ how rights & protections are understood

Because **health care is a cultural construct** based in beliefs about the nature of disease and the human body, **cultural issues are actually central in the delivery of health services.**

Clear Communication: The Foundation of Culturally Competent Care

Did You Know?

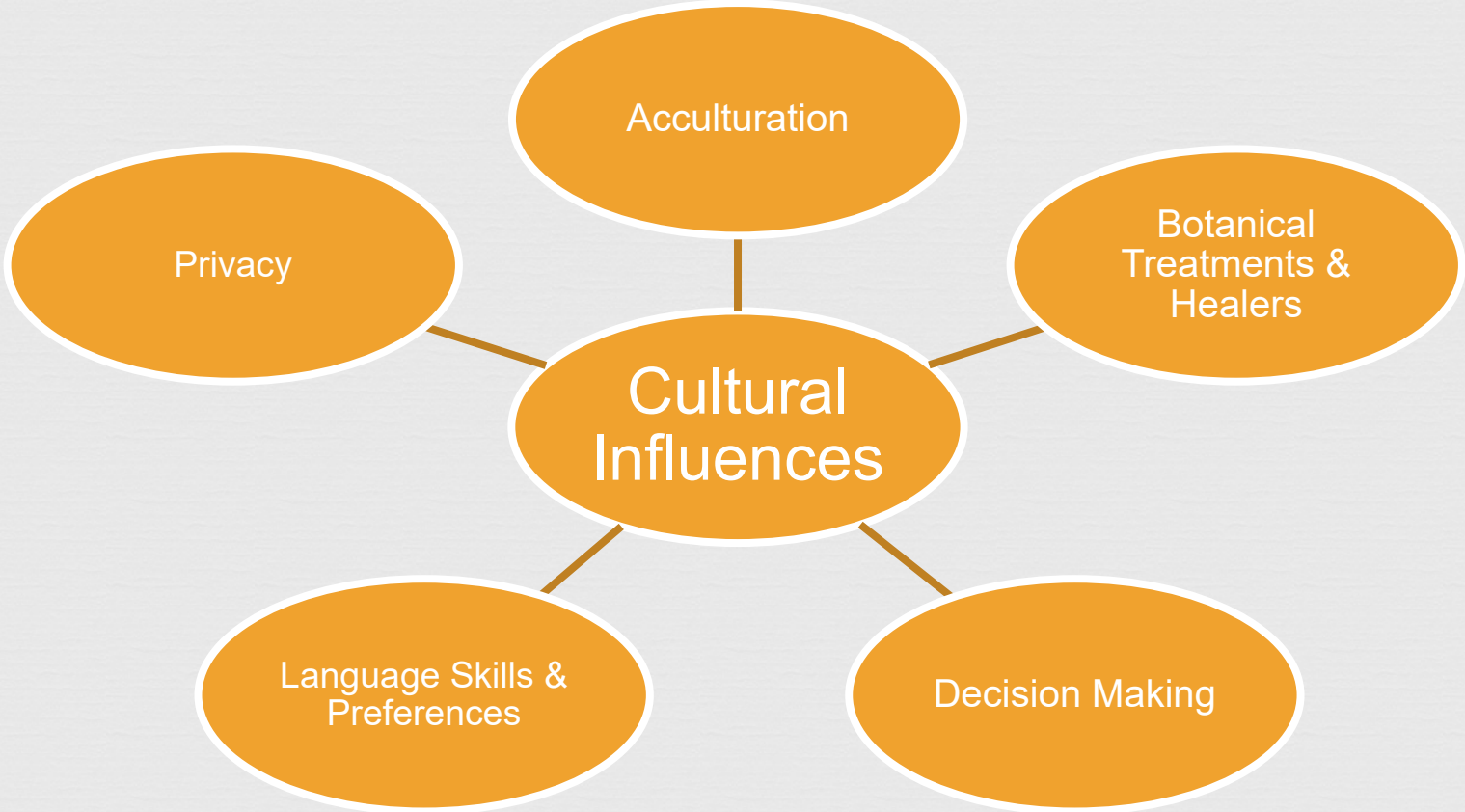


- ☞ 20% of people living in the U.S. speak a language other than English at home.
- ☞ The Hispanic population grew by 43% in the U.S. between 2000 and 2010.
- ☞ 17% of the foreign born population in the U.S. are classified as newly arrived (arriving in 2005 or later).
- ☞ 1 out of 2 adult patients has a hard time understanding basic health information.
- ☞ Average physician interrupts a patient within the first 20 seconds.

Clear Communication Benefits



Cultural Influences



Clear Communication



Here's What We Wish Our Health Care Team Knew

- ☞ I tell you I forgot my glasses because I am ashamed to admit I don't read very well.
- ☞ I don't know what to ask and am hesitant to ask you.
- ☞ When I leave your office, I often don't know what I should do next.

Here's What Your Team Can Do

- ☞ Use a variety of instruction methods.
- ☞ Encourage questions.

Clear Communication



Here's What We Wish Our Health Care Team Knew

- ☞ I am not able to make important decisions by myself.
- ☞ I am more comfortable with a female doctor.
- ☞ It's important for me to have a relationship with my doctor.
- ☞ I use botanicals and home remedies, but don't think to tell you.

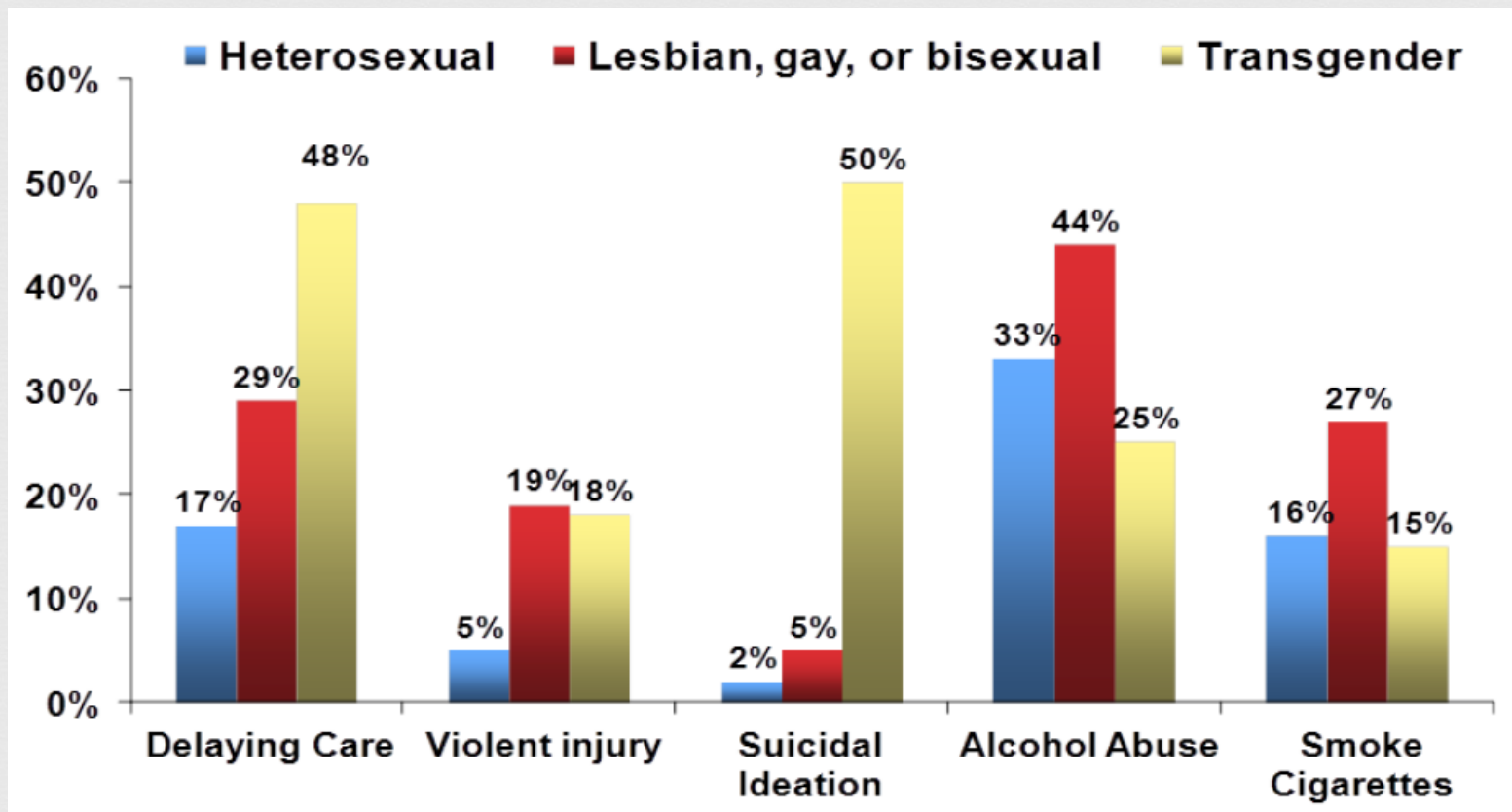
Here's What Your Team Can Do

- ☞ Confirm decision making preferences.
- ☞ Office staff should confirm preferences during scheduling.
- ☞ Spend a few minutes building rapport.
- ☞ Ask about the use of home remedies & healers.

Cultural Competence & the LGBT* Communities

*(lesbian, gay, bisexual, and transgender)

Health Disparities of LGBT Populations



Cultural Competence & LGBT Communities



Here's What We Wish Our Health Care Team Knew

- ☞ We come to you with an extra layer of anxiety.
- ☞ Verbally or physically abused
- ☞ Rejected by families due to our sexual and gender identity
- ☞ Discriminated against within the health care setting
- ☞ We've experienced harshness such as with rough blood draws, rude "orders," or ridicule.

Here's What Your Team Can Do

- ☞ A little warmth can make all the difference!
- ☞ Signage or intake form verbiage that is safe, judgement-free, and non-discriminatory
- ☞ Policies indicating non-gender identity displayed in common areas
- ☞ Listen to how patients refer to themselves and loved ones (pronouns, names).

Cultural Competence & LGBT Communities



Here's What We Wish Our Health Care Team Knew

- ✧ That heteronormative assumptions and attitudes dissuade our future care-seeking.
- ✧ Discrimination in healthcare may delay or defer treatment.

Here's What Your Team Can Do

- ✧ Anticipate that all patients are not heterosexual.
- ✧ Use “partner” instead of “spouse” or “boy/girlfriend”.
- ✧ Replace marital status with relationship status on forms.

Cultural Competence & LGBT Communities



Here's What We Wish Our Health Care Team Knew

- ☞ Transgender patients have specific health concerns.
 - ☞ 19% have been refused treatment
 - ☞ May experience more trauma during removal of clothing
- ☞ Transgender patients commonly incorporate nonmedical practices to express their gender which may need to be taken into consideration during evaluation.

Here's What Your Team Can Do

- ☞ Always use preferred name and pronouns, even when we are not in the room.
- ☞ The topic of body modification activities should be approached with care.
 - ☞ Do not let curiosity lead you to examine body parts that are not involved with the issue at hand.

Cultural Competence: Refugees and Immigrants

Health Care for Refugees and Immigrants



☞ **Refugees and Immigrants** may:

- ☞ Not be familiar with the U.S. health care system.
- ☞ Experience illness related to life changes.
- ☞ Practice spiritual and botanic healing or treatments before seeking U.S. medical advice.



Addressing the U.S. Healthcare System



Here's What We Wish Our Health Care Team Knew

- ❧ My expectations do not align with U.S. managed care.
- ❧ I'm bewildered by requirements to visit multiple doctors.
- ❧ I do not understand why you cannot write me a prescription.

Here's What Your Team Can Do

- ❧ Inform patients they may need follow up care.
- ❧ Explain why a patient may need to be seen by another physician.
- ❧ Emphasize the importance of self-care adherence.

Common Office Expectations



Here's What We Wish Our Health Care Team Knew

- ☞ I have different expectations about time.
- ☞ I prefer to have someone of the same gender.
- ☞ I'm going to bring friends or family. They want to help make decisions.

Here's What Your Team Can Do

- ☞ Upon arrival, inform patient about the wait time.
- ☞ If possible, accommodate a physician or staff member of same gender.
- ☞ Confirm decision makers at each visit.

How to Address Confidentiality



Here's What We Wish Our Health Care Team Knew

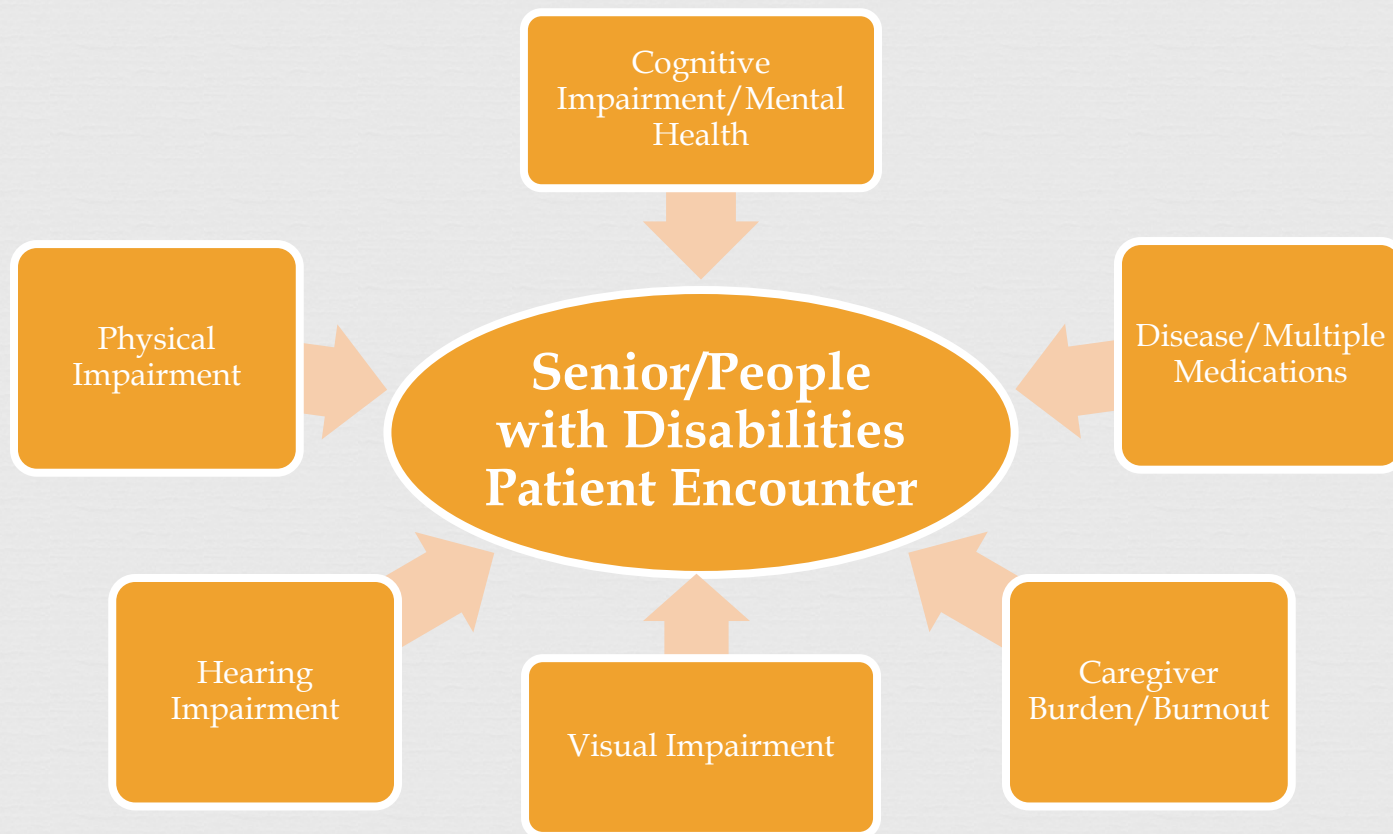
- ☞ I have had different experiences in refugee camps.
- ☞ My experiences have caused me to be suspicious.
- ☞ I fear my health information will be released to the community.

Here's What Your Team Can Do

- ☞ Explain confidentiality.
- ☞ Ensure that staff adhere to your policies.
- ☞ Make HIPAA forms easy to understand, in preferred languages.

Cultural Competence: Seniors and People with Disabilities

Working with Seniors and Persons with Disabilities



Cognitive Impairment & Mental Health



Here's What We Wish Our Health Care Team Knew

- ☞ Patients with dementia may need caregiver.
- ☞ Older adults suffer more losses.
 - ☞ May be less willing to discuss feelings.
 - ☞ High suicide rates for 65+.

Here's What Your Team Can Do

- ☞ Communicate with patient & caregiver.
- ☞ Assess for depression, dementia/cognitive ability.

Disease & Multiple Medications



Here's What We Wish Our Health Care Team Knew

- ❧ Neuro-cognitive processing ability impaired
 - ❧ Pain
 - ❧ Stroke
 - ❧ Hypertension, Diabetes
 - ❧ UTI, Pneumonia
- ❧ Meds: can affect cognition
 - ❧ Pain medication
 - ❧ Anti-depressants
 - ❧ Interactions

Here's What Your Team Can Do

- ❧ Be aware
 - ❧ Slow down
 - ❧ Speak clearly
 - ❧ Use plain language
 - ❧ Recommend assistive listening devices
- ❧ Obtain thorough health history

Caregiver Burden/Burnout



Here's What We Wish Our Health Care Team Knew

- 12% of active caregivers may have their own limitations.
- 16% of working seniors are also caregivers.
- Caregivers report more stress, higher likelihood of depression.

Here's What Your Team Can Do

- Ask about caregiver responsibilities and stress levels.
- Offer caregiver support services.

Visual Impairment

Macular Degeneration:



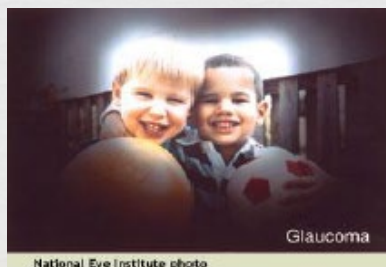
Diabetic retinopathy:



Cataract:



Glaucoma:

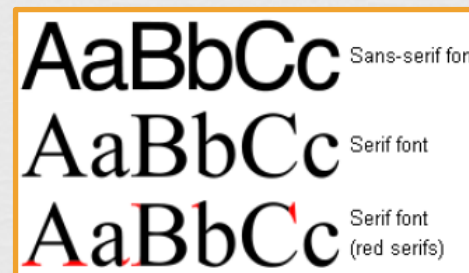


Problems:

- reading, depth perception, contrast, glare, loss of independence

Solutions:

- Decrease glare
- Bright indirect lighting
- Bright, contrasting colors
- LARGE, non-serif fonts



Hearing Impairment



Here's What We Wish Our Health Care Team Knew

- ❧ Presbycusis: Gradual, bilateral, high-frequency hearing loss.
- ❧ Consonant sounds are high frequency.
- ❧ Word distinction is difficult.
- ❧ Speaking louder does NOT help.

Here's What Your Team Can Do

- ❧ Face patient at all times.
- ❧ Speak slowly and enunciate clearly.
 - ❧ Do not use contractions.
- ❧ Rephrase if necessary.
- ❧ Do not cover your mouth.
- ❧ Reduce background noise.
 - ❧ Air conditioner, TV, hallway noise, etc.
 - ❧ Audible Solutions – Offer listening devices

Physical Impairment



Here's What We Wish Our Health Care Team Knew

- ❧ Pain and reduced mobility are common due to:
 - ❧ Osteoarthritis;
 - ❧ Changes in feet, ligaments and cushioning;
 - ❧ Osteoporosis; and,
 - ❧ Stroke.

Here's What Your Team Can Do

- ❧ Keep hallways clear.
- ❧ Lower exam tables.
- ❧ Add grab bars/railings.
- ❧ Use exam rooms nearest waiting area.
- ❧ Offer assistance.
- ❧ Recommend in home accessibility assessment.

Cultural Competence: HNS Best Practices & Solutions

Best Practices – Cultural Competence



Value Diversity

- ☞ Respect all cultures. In other words, do not merely tolerate people of differing backgrounds and viewpoints, but consider differences as strengths.

Self-Awareness

- ☞ Recognize any personal biases against people of different cultures and work to eliminate them.

Awareness and Acceptance of Differences

- ☞ Understand the way the patient defines health and family and how one's own culture influences how one thinks and acts.
- ☞ Always be aware of the influences that sociocultural factors have on patients, physicians, and the clinical relationship.
- ☞ Respect cultural differences regarding physical distance, physical contact, eye contact, and rate and volume of voice.

Best Practices – Cultural Competence



Dynamics of Differences

- ☞ Be conscious of the dynamics inherent when cultures interact. Two people may misjudge the other's actions based on learned expectations. Both will bring culturally prescribed patterns of communication, etiquette, and problem solving. Also, both may bring stereotypes or underlying feelings about working with someone who is different. Without an understanding of their cultural differences, misinterpretations, or misjudgments may occur.

Emphasize Relationship Building and Communication

- ☞ The key to all relationships is a stable foundation based on clear and honest communication of thoughts, feelings, ideas, and emotions. Physicians must be committed to establishing a line of trust and truthfulness in order to best decipher how to serve a patient's needs.

Best Practices – Cultural Competence



Accept Responsibility

- ☞ Recognize your responsibility for understanding the cultural aspect of health and illness.
- ☞ Accept responsibility to help combat racism, classism, ageism, sexism, homophobia, and other kinds of biases and discrimination that occur in health care settings.

Knowledge of Patient's Culture

- ☞ Become familiar with aspects of culture that may impact your patient's approach to health care. Find out each patient's cultural background. Elicit patient expectation and preferences. Share your knowledge with all staff members.
- ☞ On your intake forms, include questions about race, ethnicity, language(s), religion, and age, or ask the patient to discuss his or her cultural background during the initial interview.

Best Practices – Cultural Competence



Adaptation

- As appropriate, make sure your programs, services, and marketing materials reflect an understanding of diversity between, and within, cultures.

Bridge the Language Barrier

- Make sure you have interpreters ready to assist individuals with limited English speaking/reading proficiency. (The ADA, as amended, requires all health care professionals to provide *free* language assistance services to people whose primary language is not English).

Be Sensitive to Any Religious Considerations

- Religious diversity and understanding also plays an important role in community education. If a patient, for example, is of a conservative faith, they may have difficulty relating to healthcare professionals they view as cavalier toward their feelings of science and religion. Understanding religious sensitivity can make the session with the patient go much smoother and without excess feelings of judgment or pressure from either party.

Cultural Competence – HNS Solutions



- ❧ HNS has identified the top 6 populations in our service area and has provided helpful information about the culture of each on the HNS Website.
- ❧ To assist individuals with limited English reading skills, HNS provides many clinical and administrative forms in Spanish.
- ❧ Physicians who speak languages other than English can have the other language(s) published in HNS and contracted health care plan directories.

Cultural Competence – HNS Solutions CyraCom Interpreter Services



- ✧ HNS provides free, in-office interpretation services through the Company's contract with CyraCom.
- ✧ CyraCom is an international language interpretation services organization.
- ✧ CyraCom provides telephone interpretive services in over 200 languages and guarantees an average answer time of 15 seconds or less, and also offers written translation services in most of those languages.

Information regarding this free service is available on the HNS Website.

Cyacom: Interpreter Tips



- ☞ Inform the interpreter of specific patient needs.
- ☞ Hold a brief introductory discussion.
 - ☞ Your name, organization, and nature of the visit.
 - ☞ Reassure the patient about confidentiality.
- ☞ Allow enough time for the interpreted sessions.
- ☞ Avoid interrupting during interpretation.

Cyacom -Interpreter Tips Continued



- ☞ Speak in the first person.
- ☞ Speak in a normal voice, try not to speak fast or too loudly.
- ☞ Speak in short sentences.
- ☞ Avoid acronyms, medical jargon, and technical terms.
- ☞ Face and talk to the patient directly.
- ☞ Be aware of body language in the cultural context.

Congratulations!

You have completed HNS' and CMS (Part C & D) FWA/Compliance Training, and HNS' Cultural Competency Training.

The final step is successful completion of the Compliance Quiz. To access the quiz, click on "*Take the Quiz (Physicians Only)*", which is located right below this learning module on the website.

Upon successful completion of the quiz, you will be prompted to **print your certificate** of completion. Please print this certificate and retain for your records. Once you successfully pass the quiz, you (and HNS) will receive a system-generated email confirming that you have passed the quiz.



As a final reminder, be sure to **save a copy of this training module and your certificate**, for your own records, as you are required to produce both if requested by HNS, CMS or other regulatory bodies.

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