

Compliance Program & Fraud, Waste and Abuse Education

Vendors and Contractors

MEDICINE *of* THE HIGHEST ORDER



OVERVIEW

MEDICINE *of* THE HIGHEST ORDER



Overview

- The Eastman Institute of Oral Health (EIOH) maintains an effective compliance program that includes policies and procedures to detect, prevent, and correct fraud, waste and abuse.
- Pursuant to NYCRR Part 521, EIOH requires vendors and contractors to receive training and education on compliance program operations and fraud, waste, and abuse.
- All vendors and contractors are to comply with the Compliance Program as well as the policies and procedures that support the program. This includes cooperation with audits or investigations.
- All vendors and contractors are obligated to report actual or suspected instances of fraud, waste, or abuse or any other violation of the Compliance Program, Code of Conduct, or federal and state laws.

COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE

Compliance Officer and Compliance Committee

Compliance Officer

The Compliance Officer is the focal point for the required provider's compliance program and is responsible for the day-to-day operation of the compliance program. The compliance officer is responsible for:

- Oversight of the compliance program and evaluating the program's effectiveness
- Drafting and implementing a compliance work plan
- Ongoing review and revision of the compliance program to incorporate any necessary changes
- Establishing methods to detect, prevent and prevent fraud, waste and abuse
- Investigating matters related to the compliance program

Compliance Committee

The Compliance Committee ensures the required provider is conducting business in an ethical and responsible manner consistent with its compliance program. The committee supports the program and compliance officer to ensure:

- The organization has written policies and procedure, a code of conduct, and that training and education is completed as required
- Affected individuals cooperate with the compliance program, including internal and external audits
- Processes are in place to identify compliance program risks, overpayments and other issues, and that applicable policies and procedures are in place to correct and report issues

FRAUD, WASTE AND ABUSE

Fraud, Waste and Abuse Defined

Fraud

An intentional act of deception or misrepresentations knowing that it could result in some unauthorized benefit or payment by the Medicare and/or Medicaid program

Waste

Over-utilization or misuse of health care services resulting in unnecessary costs to the Medicare and/or Medicaid program

Abuse

Incidents that are improper, excessive, or inconsistent with accepted medical or business practices resulting in unnecessary costs or improper payment by the Medicare and/or Medicaid program

Examples of Fraud, Waste and Abuse



Billing for services not provided



Coding a service that was not provided or misrepresenting the service to get paid or be paid a higher reimbursement



Keeping overpayments that should be returned to the payor or patient



Falsification of records

STATE AND FEDERAL LAWS

Federal and State Fraud, Waste and Abuse Laws

Federal False Claims Act
31 USC § 3729-3733
and

State False Claims Act -
New York State Finance
Law § 187-194



These laws prohibit submitting a claim or other document for payment or approval to Medicare or Medicaid (including their private health plan contractors) that you know or should know is false or fraudulent.

They impose liability on individuals and companies who defraud governmental programs.

Physician Self-Referral (Stark Law)

Section 1877 of the Social Security Act (42 U.S.C. § 1395nn)

Prohibits a physician from making referrals for certain designated health services payable by Medicare to an entity with which the physician (or an immediate family member) has a financial relationship.

Prohibits the entity from presenting or causing to be presented claims to Medicare (or billing another individual, entity, or third party payer) for those referred services.

There are exceptions granted under this law. Please contact the EIOH Compliance Officer for assistance.

Designated Health Services include:

- Clinical laboratory services
- Physical and Occupational therapy services
- Outpatient speech-language pathology services
- Radiology and certain other imaging services
- Radiation therapy services and supplies
- DME and supplies
- Parenteral and enteral nutrients, equipment, and supplies
- Prosthetics, orthotics, and prosthetic devices and supplies
- Home health services
- Outpatient prescription drugs
- Inpatient and outpatient hospital services

Anti-Kickback Statute

42 U.S.C. § 1320a-7b(b)

Federal criminal law prohibits any individual or company from offering, soliciting, paying, or receiving any kind of reward (cash, gifts) to induce or reward patient referrals.

The statute covers both those who make an offer or solicitation and those who receive the payment or reward.

There are exceptions under the statute. Reach out to the EIOH Compliance Officer for assistance with potential kickback scenarios.

EIOH Compliance Officer

Courtney Speers, RN, BSN • (585) 275-0486

Integrity Help Line (585) 585-756-8888 • integrityhelpline.urmc.edu

Examples of Stark and Anti-Kickback Violations

A home health care agency pays a quarterly bonus to a physician based on the volume of patients she refers.

A physician refers his patients to a physical therapy company he partly owns.

A pharmacy gives a gift card to the staff of a medical office for each patient referred to their pharmacy.

A nursing home pays a doctor to serve as the Medical Director; however, the doctor doesn't actually do the job and that pay is really given for the number of patient referrals they make to the nursing home.

A hospital allows a provider to rent office space at a significantly lower rate (below fair market value) as they want to ensure the provider refers their patients to the hospital.

CODE OF CONDUCT

Code of Conduct

The Code of Conduct is an important part of the Compliance Program. It is designed to ensure affected individuals understand their responsibilities with respect to the organization, the compliance program and applicable policies, procedures, and laws affecting operations.



CONFLICT OF INTEREST

Conflict of Interest

A conflict of interest may occur when personal or financial interests diverge from one's professional obligation to EIOH.

A **financial interest** exists when an individual directly, or indirectly through a relative, has ownership interest or a compensation arrangement with any contractor or vendor that does business with EIOH.

Contractors and vendors have a duty to identify and disclose personal or financial interests with any EIOH employee or member of the EIOH Board of Directors.

Not all personal or financial interests result in a conflict. Interests are evaluated to determine whether or not a conflict exists. If it is determined there is a conflict, the conflict may be managed or, if necessary, eliminated.

Please contact the EIOH Compliance Officer with questions or to report a conflict.

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REPORTING OPTIONS

NON-INTIMIDATION & NON-RETALIATION POLICY

Reporting Options

All suspected or actual compliance violations **must** be reported to the EIOH Compliance Officer. The following reporting methods are available:

Courtney Speers, RN, BSN, Compliance Officer
(585) 275-1609

Integrity Hotline (anonymous options available):
(585) 585-756-8888 or integrityhelpline.urmc.edu



Policies prohibit retaliation or intimidation against an individual who reports a suspected concern in good faith. If you believe you have been subject to intimidation or retaliation, please contact the URMCC Office of Integrity and Compliance.