

Selfhelp's Mandatory Vendor Compliance Training

2024

Selfhelp

INTRODUCTION

- Welcome to Selfhelp's Mandatory Vendor Compliance Training.
- This training will cover (1) the elements of Selfhelp's Compliance Program and (2) the laws, rules, and regulations that apply to Selfhelp and to our vendors.
- **At the end of the training, you will be required to pass a quiz and complete an attestation.**

If you have any questions, please contact Selfhelp's Corporate Compliance Officer at vendorcompliance@selfhelp.net or 212-971-7740.

SELFHELP'S COMPLIANCE PROGRAM OVERVIEW

- Selfhelp is committed to fostering a culture of compliance and integrity, and to operating at the highest ethical standards.
- Selfhelp's Compliance Program promotes compliance with federal and state laws and rules that govern participation in government healthcare programs, such as Medicare and Medicaid.
- Our program incorporates the essential elements of an effective compliance program, including:
 1. A designated Compliance Officer and Compliance Committee
 2. Written policies, procedures, and standards of conduct
 3. Compliance training and education
 4. Lines of communication between personnel and the Compliance Officer
 5. Policies of non-retaliation and non-intimidation
 6. Internal monitoring and auditing
 7. Disciplinary guidelines for enforcement of standards
 8. Protocols for prompt response of suspected violations and undertaking corrective actions

OMIG COMPLIANCE PROGRAM REQUIREMENTS

- The New York State Office of the Medicaid Inspector General (“OMIG”), enhances the integrity of the New York State Medicaid program by: preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program; and recovering improperly expended Medicaid funds while promoting a high quality of patient care.
- The requirements for an effective Compliance Program as defined by OMIG are shown here.
- It is the responsibility of the Corporate Compliance Officer to ensure that Selfhelp meets these requirements.



SELFHELP'S POLICIES AND PROCEDURES AND CODE OF CONDUCT

- Selfhelp's Policies and Procedures have been developed to address federal and state laws related to fraud, abuse, and waste. Selfhelp's vendors are expected to be familiar with and to comply with these Policies and Procedures.
- Selfhelp's Code of Conduct is a framework pursuant to which Selfhelp personnel and vendors are expected to operate in compliance with applicable laws, policies, rules, and regulations.

Selfhelp's Policies and Procedures can be found here:

<https://selfhelp.net/compliance-program/>

Selfhelp's Code of Conduct can be found here:

<https://selfhelp.net/vendor-compliance/>

CONFLICTS OF INTEREST

- Pursuant to Selfhelp's Code of Conduct, all personnel should act with honesty and integrity, avoiding actual or apparent conflicts of interest in personal and professional relationships.
- Other than compensation from Selfhelp, personnel should not have a financial or other personal interest in transactions between the organization, or any of its business units, including vendors, suppliers, providers, or customers.
- Selfhelp personnel should not engage in financial, business, or other activities which compete with Selfhelp's business, or that may interfere with the performance of their duties or that may involve the use of Selfhelp property, facilities, and/or resources.

GIFTS FROM THE INDUSTRY

- Selfhelp has a Gifts and Gratuities Policy that prohibits employees from obtaining any improper personal benefit by virtue of their employment.
- Any employee who accepts a gift or gratuity and does not report the action will be subject to disciplinary action, up to and including termination.
- Vendors who offer gifts, payment, in-kind gestures or anything of greater than minimal value (pads, pens, etc.) to a Selfhelp employee in exchange for benefiting from a contractual agreement, for a "favor" or special service, or for client referrals, will not be considered for the contractual agreement and if already a contractor subject to termination of the agreement.

SELFHELP'S COMPLIANCE OFFICER & ENFORCEMENT MECHANISMS

- **Communicating with the Compliance Officer:** If an individual becomes aware of a compliance issue, a violation of the Code of Conduct, a policy or procedure, or any other illegal activity, promptly report the violation in person, by phone, or by email.
- Direct Reports can be made to:
 1. Selfhelp's Compliance Officer: **212-971-7740**
 2. Chair of the Audit Committee of the Board of Director's Hotline: **212-971-7781**
 3. Selfhelp's anonymous Compliance Hotline: **646-616-7480**
- **Investigations and Corrective Actions:** The Compliance Officer will investigate alleged violations. If a violation is found to have occurred, Selfhelp will take disciplinary action, including terminating contracts with its vendors.

FRAUD, WASTE, & ABUSE LAWS

- Selfhelp is committed to conducting our business with integrity and in compliance with applicable laws and regulations, including to combat fraud, abuse, and waste in the federal and state healthcare systems.
- There are various rules and regulations that are designed to eliminate fraud, abuse, and waste in the system.
- **Fraud** requires *intentionally* mispresenting or omitting facts to obtain a payment and the *knowledge* the actions are wrong.
- **Waste** involves inaccurate payment for services, such as an unintentional duplicate payment.
- **Abuse** involves a practice that creates an unnecessary cost, such as the provision of services that are not medically necessary.
- *Selfhelp combats fraud, waste, and abuse in many ways, including by conducting internal and external audits of our programs.*

ANTI-KICKBACK STATUTE & STARK LAW

- The Anti-Kickback Statute (“AKS”) and Stark Law are designed to prevent fraud and abuse that could harm federal healthcare programs and patients.
- The AKS prohibits payments or other transfers of value that are *intended* to induce referrals. The AKS prohibits Selfhelp from “knowingly and willfully” offering, requesting, giving, or taking any “remuneration” in exchange for healthcare business. Violations of the AKS may result in significant civil and criminal penalties.
- The Stark Law prohibits a physician from referring Medicare and Medicaid patients for certain “designated health services” to a facility with which the physician group, physician (or an immediate family member) has a “financial relationship,” unless a specific exception is met.
- If a financial relationship violates the Stark Law, every single Medicare or Medicaid referral for designated health services that the physician makes to Selfhelp is impermissible.

THE FALSE CLAIMS ACT

- Selfhelp submits claims to both the federal government and to New York for services provided to patients enrolled in government-funded healthcare programs, such as Medicare and Medicaid.
- The Federal False Claims Act and the New York False Claims Act prohibit the submission of false claims to the federal government and to the State of New York, respectively. A false claim can also include improperly avoiding an obligation to pay the government or failing to report any overpayments to the government.
- Penalties for violations are severe, including treble damages.
- ***Selfhelp employees or vendors who are aware of any actual or potential overpayment, or any potential violation of the False Claims Act, should immediately notify the Corporate Compliance Officer.***

CIVIL MONETARY PENALTIES LAW

- The Office of Inspector General may seek civil monetary penalties for a wide variety of conduct. Penalties range from \$10,000 to \$50,000 per violation. Some examples of CMPL violations include:
 - presenting a claim that the person knows or should know is for an item or service that was not provided as claimed or is false or fraudulent;
 - presenting a claim that the person knows or should know is for an item or service for which payment may not be made;
 - violating the AKS;
 - violating Medicare assignment provisions;
 - violating the Medicare physician agreement;
 - providing false or misleading information expected to influence a decision to discharge;
 - failing to provide an adequate medical screening examination for patients who present to a hospital emergency department with an emergency medical condition or in labor; and
 - making false statements or misrepresentations on applications or contracts to participate in the Federal health care programs.

EXCLUSION SCREENING

- The Office of the Inspector General's List of Excluded Individuals/Entities contains entities and individuals that have been excluded from participating in any federal or state healthcare program.
- Selfhelp monitors the List to ensure that it does not conduct business with any entity or individual that is on the List.
- ***Inform Selfhelp's Corporate Compliance Officer immediately if you are excluded from participation in any federal or state healthcare program.***

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (“HIPAA”) AND PATIENT PRIVACY

- **What is HIPAA?**

- A set of regulations which, among other things, require Selfhelp to protect the privacy and security of individuals’ health information.

- **HIPAA Applies To:**

- “Covered Entities,” including Selfhelp and its staff;
- Business Associates (vendors and contractors acting on behalf of Selfhelp)

Protected Health Information (“PHI”)

- PHI is any information, in electronic, written or oral form, that relates to an individual’s past, present or future health condition or treatment, including information that is maintained anywhere throughout the agency in medical records, computers, reports, billing records, and in conversations that could identify the patient.
- PHI includes:
 - Name
 - Date of Birth
 - Social Security number
 - Address
 - Phone numbers
 - Diagnosis

HIPAA PRIVACY & SECURITY RULES

- The Privacy Rule protects health information from unauthorized use and disclosure and provides nationwide minimum standards for the protection of the privacy of health information.
- The Security Rule requires the protection of electronically stored protected health information (known as ePHI) by using appropriate safeguards to ensure the confidentiality and security of ePHI.
 - “Covered Entities” are required to comply with the Privacy and Security rules. A Covered Entity is any health care provider, health plan or healthcare clearing house that transmits health information electronically, for example, submitting claims to Medicare.
 - Selfhelp’s Licensed Home Care Service Agency is a Covered Entity. The vendors we partner with are Business Associates that are also required to comply with the Privacy and Security rules.
- The Privacy and Security rules require Covered Entities and Business Associates to, among other things: Notify patients about their privacy rights and how you use their information; Adopt privacy procedures and train employees to follow them; Assign an individual to make sure you’re adopting and following privacy procedures; Secure patient records containing PHI and ePHI, so they aren’t readily available to those who don’t need to see them.

Potential violations of the Privacy Rule must be reported to Selfhelp’s Privacy Official: (212) 971-7610.

Potential violations of the Security Rule must be reported to Selfhelp’s Security Official: (212) 971-7708.

QUIZ

- Question 1: True or False: You should report any potential conflict of interest or violation of policies or procedures to the Compliance Officer or the Chairperson of the Audit Committee?
 - A) True
 - B) False

QUIZ

- Question 2: Which of the following requires Selfhelp to protect the privacy and security of individuals' health information?
 - A) Stark Law
 - B) Anti-Kickback Statute
 - C) HIPAA
 - D) Civil Monetary Penalties Law

QUIZ

- Question 3: Which of the following prohibits payments or other transfers of value that are intended to induce referrals?
 - A) Stark Law
 - B) HIPAA
 - C) Exclusion Screening
 - D) Anti-Kickback Statute

QUIZ

- Question 4: True or False: Vendors are expected to follow Selfhelp's applicable policies and procedures as well as the Selfhelp Code of Conduct?
 - A) True
 - B) False

QUIZ

- Question 5: True or False: Vendors contracts will not be terminated should they offer Selfhelp employees monetary gifts?
 - A) True
 - B) False

QUIZ

- Question 6: What entities and individuals are subject to Selfhelp's disciplinary standards?
 - A) Selfhelp Staff
 - B) Vendors
 - C) The Board of Directors
 - D) All of the Above

ANSWER KEY

Question 1: A) True; Question 2: C) HIPAA; Question 3: D) Anti-Kickback Statute; Question 4: A) True; Question 5: B) False;
Question 6: D) All of the above

THANK YOU!

Thank you for taking the time to complete this training course.

Please complete and return the Vendor Compliance Attestation to the Corporate Compliance Officer, at <https://forms.office.com/r/EU1RkzHp4Z> or by scanning the QR Code:



If you have any questions about anything that was discussed in this training, you may contact the Corporate Compliance Officer at 212-971-7740 or vendorcompliance@selfhelp.net.