

# Compliance Training for Selfhelp's Board of Directors



# INTRODUCTION

- Welcome to Selfhelp's Compliance Training for our Board of Directors.
- This training will cover (1) the elements of Selfhelp's Compliance Program and (2) laws, rules, and regulations that apply to Selfhelp, including regulations from the New York State Office of the Medicaid Inspector General ("OMIG").
- Among other things, OMIG regulations require an organization's governing body to participate in an annual compliance training and attest to their attendance. **At the end of the training, you will be prompted to take a quiz and complete an attestation.**

*If you have any questions, please contact Selfhelp's Corporate Compliance Officer at [boardcompliance@selfhelp.net](mailto:boardcompliance@selfhelp.net) or 212-971-7740.*

# MISSION STATEMENT

**Selfhelp Community Services** is a not-for-profit organization dedicated to maintaining the independence and dignity of seniors and at-risk populations through a spectrum of housing, home health care, and social services and will lead in applying new methods and technologies to address changing needs of its community.

Selfhelp will continue to serve as the “last surviving relative” to its historic constituency, victims of Nazi persecution.

# SELFHELP'S COMPLIANCE PROGRAM OVERVIEW

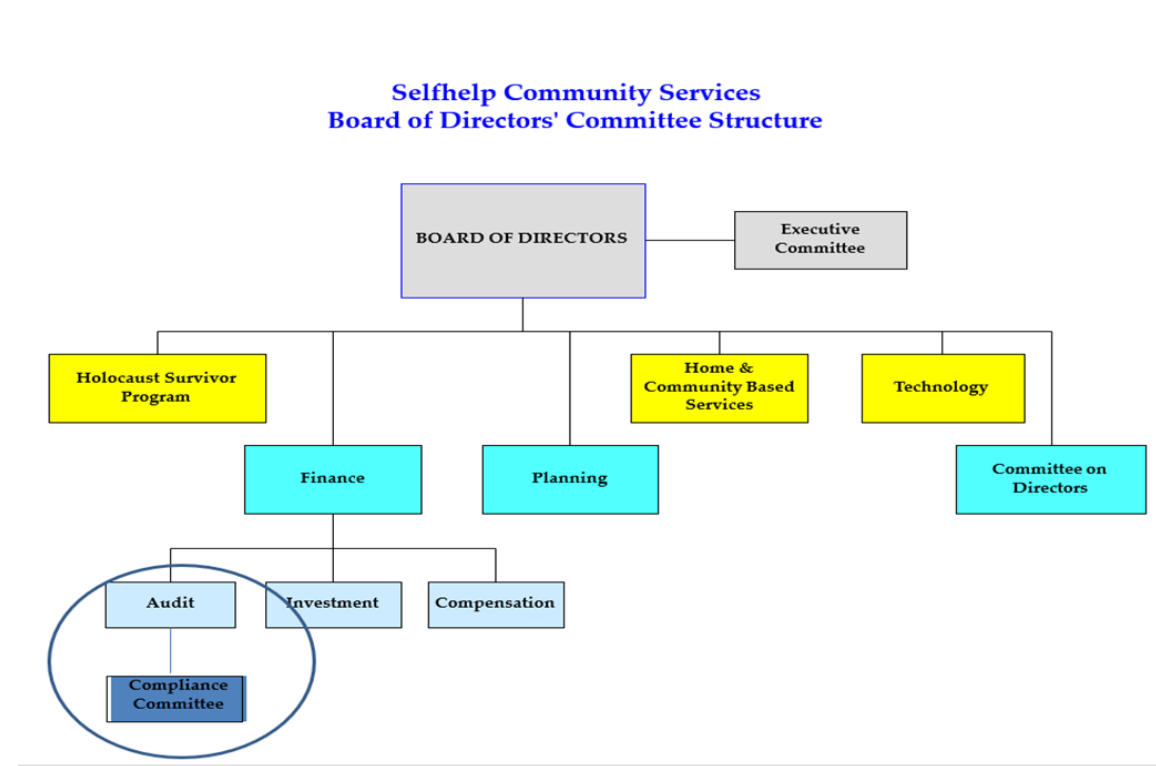
- Selfhelp is committed to fostering a culture of compliance and integrity, and to operating at the highest ethical standards.
- Selfhelp's Compliance Program promotes compliance with federal and state laws and rules that govern participation in government healthcare programs, such as Medicare and Medicaid.
- 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

# THE COMPLIANCE OFFICER & COMPLIANCE COMMITTEE

- Selfhelp's Corporate Compliance Officer and the Compliance Committee oversee and manage our Compliance Program.
- The Compliance Officer is responsible for overseeing the administration and implementation of Selfhelp's Compliance Program.
- The role of the Compliance Committee is to advise the Compliance Officer and assist in the implementation of the Compliance Program.
- The Compliance Officer reports to the Board of Directors (through the Audit Committee) to keep them informed of compliance-related matters.

# CORPORATE COMPLIANCE PROGRAM OVERSIGHT

- The Board of Directors, through the Audit Committee, has overall responsibility for the Compliance Program.



# LINES OF COMMUNICATION & ENFORCEMENT

- You may contact the Compliance Officer to ask questions, seek guidance, voice concerns and promptly report incidents of suspected or actual compliance issues
- What should you report?
  - Policy violations
  - Conflicts of interest
  - Fraud
  - Data Privacy/HIPAA
  - Intimidation/Retaliation
  - Inappropriate Gifts
  - Coding/billing irregularities
  - Illegal activity
  - Questionable accounting
  - Falsification of records
  - Any unethical, discriminatory, or inappropriate conduct
- The Compliance Officer can be contacted in person, by phone or email or through the compliance hotlines
- **Investigations and Corrective Actions:** The Compliance Officer will investigate alleged violations. If a violation is found to have occurred, Selfhelp will take appropriate remedial action in accordance with our Investigation of Reports, Findings & Corrective Action Policy.

*All Selfhelp personnel, our board members, and vendors are subject to Selfhelp's disciplinary procedures.*

# CORPORATE COMPLIANCE HOTLINES

Selfhelp has two hotlines for individuals to report any inappropriate, unethical, or illegal conduct at Selfhelp. Reports can be made to the Compliance Hotline or to the Chair of the Audit Committee of the Board of Directors. Calls can be made anonymously. All calls and investigations will be kept confidential to the fullest extent possible.



General Compliance Hotline: 646-616-7480  
Chair of the Audit Committee of the Board of Directors: 212-971-7781



Reports or complaints can also be made directly to Selfhelp's Chief Compliance Officer:  
Phone: 212-971-7740; Email: [imiller@selfhelp.net](mailto:imiller@selfhelp.net)  
Office: 520 Eighth Avenue, 5<sup>th</sup> Floor, New York, NY 10018

# SELFHELP'S POLICIES AND PROCEDURES AND CODE OF CONDUCT

- Selfhelp's Policies and Procedures address federal and state laws related to fraud, abuse, and waste.
- Selfhelp's Code of Conduct is a framework pursuant to which Selfhelp personnel, including our management team and governing board, are expected to operate in compliance with applicable laws, policies, rules, and regulations.

Selfhelp's Policies and Procedures, including our Code of Conduct, can be found here:

<https://selfhelp.net/compliance-program-board-of-directors/>

# NON-RETALIATION POLICY

- It is a violation of the Code of Conduct to retaliate against any Selfhelp personnel who makes a good faith report of a suspected violation of the Code of Conduct (except when appropriate action may be taken if the reporting individual is one of the wrongdoers).
- Selfhelp abides by the Federal Whistleblower Protection Programs.
- Reports of suspected violations will be kept confidential to the fullest extent possible, except when necessary to conduct an adequate investigation.

# 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.

# GIFT POLICY

- Selfhelp personnel should not offer or accept any bribe, payment, gift or things of value to any person or entity with whom the organization has, or is seeking, any business or relationship, except for gifts of a nominal value which are legal and given in the ordinary course of business. For example, modest holiday gifts like fruit baskets, are acceptable and are to be distributed for the benefit of all staff.
- Should such actions be observed or become known, disciplinary action up to and including criminal prosecution, if applicable, will ensue. Selfhelp personnel must promptly report the offering or receipt of gifts above a nominal value to their supervisor.

# BILLING, PAYMENTS & CLAIM SUBMISSIONS

- Selfhelp provides home care services to clients through contracts with public and private agencies and hospitals; it also operates a Licensed Home Care Service Agency (LHCSA).
- The primary payer for these services is Medicaid and Medicare. For some programs, Selfhelp bills Medicaid or Medicare directly. When Selfhelp is a subcontractor, Selfhelp bills the nursing agency, who in turn bills Medicaid or Medicare.
- Medicaid and Medicare have specific billing rules and regulations, which are based on accuracy, integrity, validity, and documentation.
- Violations of these rules and regulations can result in serious penalties including criminal sanctions against individuals and the agency. Even unintentional errors can result in serious consequences.
- Strict compliance with Medicaid and Medicare laws and regulations, contractor requirements, and agency policy and procedure are mandatory for all personnel involved.

# BILLING, PAYMENTS & CLAIM SUBMISSIONS

- All approved and validated services provided to Medicaid recipients, as well as to contract and private pay clients, are billed to respective payers in a timely manner in compliance with NYDOH regulations or in accordance with the contract requirements.
- Selfhelp will only bill for those services which have been provided and properly documented. Services will bill for services at the rate that has been contractually negotiated. If/when Selfhelp discovers an overpayment for services rendered, Selfhelp will repay this sum within 60 days of the date of discovery.
- Selfhelp uses the Home Health Exchange system to help verify and validate claims before they are submitted for payment.

# 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.
- **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.*

# EXAMPLES OF FRAUD, WASTE, & ABUSE

- Examples/Indicators of Fraud
  - Billing for services not provided
  - Altering billing codes to justify higher reimbursement rates or hide errors
  - Falsifying timesheets
  - Vendors misrepresenting themselves and their products in marketing
  - Accepting or offering bribes and kickbacks
  - Loaning Insurance/Medicaid ID to others so they can receive medical services fraudulently
  - Documenting home visits that did not occur
  - Entering notes for visits that did not occur
  - Falsifying information or medical conditions to meet eligibility standards
  - Using funds for unauthorized purposes
  - Creating fake receipts to be reimbursed for non-existent expenses

# EXAMPLES OF FRAUD, WASTE, & ABUSE

- Examples/Indicators of Waste
  - Incurring unnecessary costs resulting from inefficient or ineffective practices, systems or controls
  - Extravagant, careless, or needless expenditure of funds
  - Overstaffing or unnecessary overtime
  - Taking excess supplies to a patient's home and then having to destroy unused supplies
- Examples/Indicators of Abuse
  - Creating unneeded overtime
  - Providing and billing for services that are not necessary
  - Requesting staff to perform personal errands or work tasks for a supervisor or manager
  - Billing for services or goods at a higher rate than appropriate
  - Providing substandard care that does not meet accepted professional standards

# 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.

# 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.

# 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 health information.
- The Security Rule requires the protection of electronically stored protected health information (known as ePHI) by using safeguards to ensure the confidentiality and security of ePHI.
- “Covered Entities,” like Selfhelp, are required to comply with the Privacy and Security rules. 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, adopt privacy procedures and train employees to follow them, and secure patient records containing PHI and ePHI.

*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: Who has overall responsibility for the Compliance Program?
  - A) The Compliance Officer
  - B) The Compliance Committee
  - C) The Audit Committee (through the Board of Directors)
  - D) Managers

# QUIZ

- Question 2: True or False: You can contact the Compliance Officer through email, phone, the hotline or in-person?
  - A) True
  - B) False

# QUIZ

- Question 3: Which of the following prohibits a physician from referring Medicare and Medicaid patients for certain designated health services to a facility with which the physician group, physician or immediate family member has a financial relationship?
  - A) Fraud, Waste, and Abuse Laws
  - B) Stark Law
  - C) False Claims Act
  - D) Anti-Kickback Statute

# QUIZ

- Question 4: True or False: Selfhelp is exempt from conducting Exclusion Screenings of entities and individuals?
  - A) True
  - B) False

# QUIZ

- Question 5: Which of the following involves a practice that creates an unnecessary cost, such as the provision of services that are not medically necessary?
  - A) Fraud
  - B) Waste
  - C) Abuse
  - D) None of the Above

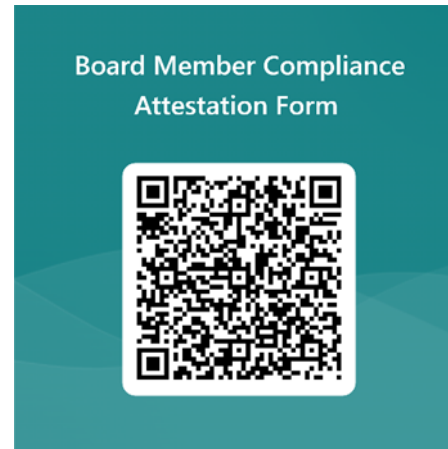
# ANSWER KEY

Question 1: C) The Audit Committee (through the Board of Directors); Question 2: A) True; Question 3: B) Stark Law; Question 4: B) False; Question 5: C) Abuse

# THANK YOU!

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

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



*If you have any questions about anything that was discussed in this training, please contact the Corporate Compliance Officer at 212-971-7740 or [boardcompliance@selfhelp.net](mailto:boardcompliance@selfhelp.net)*