

**WORKFORCE MEMBER ACKNOWLEDGEMENT
(Non-Online Training)**

Instructions: please review and complete the information below and sign.

On the date listed below, I received training and education as well as informational materials on the following topics which included but was not limited to:

- General compliance topics and issues;
- A description of NYC Health + Hospitals' Corporate Compliance & Ethics Program; Expectations of workforce members as they relate to compliance and ethics;
- Fraud, waste, and abuse;
- Internal policies and procedures which are designed to detect, prevent and address illegal and unethical conduct;
- Information privacy, security and confidentiality laws and associated requirements and policies, which included without limitation, HIPAA and confidentiality requirements under NYS law; and
- NYC Health + Hospitals' Principles of Professional Conduct (POPC) and hereby agree to abide by its requirements and expectations outlined therein.

I understand that I can obtain additional information by visiting ***compliance.nychhc.org*** or by contacting my Compliance Officer.

PRINTED NAME:	
DATE:	
TITLE:	
FACILITY/ENTITY:	
SIGNATURE:	

Internal use only: This document shall be retained as a permanent part of the workforce member's training and education files. (Rev. 6.18)

**Student/Volunteer/Rotating Resident
New Workforce Member General Compliance/HIPAA Training & Education Post-Test**

1. The primary responsibility of the NYC Health + Hospitals' Corporate Compliance & Ethics Program is to:
 - A. Provide guidance on risk management issues, promote the dissemination of best practices and to improve the quality of care delivered and patient safety.
 - B. Promote the prevention, detection and resolution of conduct that does not conform to Federal and State laws and NYC Health + Hospitals ethical and business policies.
 - C. Enhance existing computer software and procure new software to improve the quality and safety of patient care at NYC Health + Hospitals.
 - D. Inform the public about the excellence and breadth of health care services at NYC Health + Hospitals hospitals and clinics.

2. All workforce members have an obligation to act in an ethical and legal manner which includes:
 - A. Acting fairly and honestly.
 - B. Complying with all applicable laws including CMS conditions of participation and private payor requirements.
 - C. Following applicable industry practice as well as reporting compliance violations.
 - D. All of the above.

3. Who is NYC Health + Hospitals Chief Corporate Compliance Officer?
 - A. Dr. Mitchell Katz
 - B. Gordon J. Campbell
 - C. Catherine Patsos
 - D. Yvette Villanueva

4. The Emergency Medical Treatment and Active Labor Act, or EMTALA as referenced in this course, requires Medicare participating hospitals with dedicated emergency departments to:
 - A. Provide emergency care to any person who comes to a Medicare participating hospital's dedicated emergency department, regardless of their ability to pay.
 - B. Protect the privacy of patients, hospital staff and vendors.
 - C. Prevent referral fees.
 - D. Support non-retaliation.

5. Which activities and infractions may result in an individual or entity being excluded from participation in a Federal health care program?
 - A. Being convicted of health care fraud.
 - B. Being convicted of a misdemeanor.
 - C. Defaulting on a health education student loan.
 - D. All of the above.

6. Those who engage in fraud, abuse or other misconduct related to a Federal health care program may be placed on an exclusion list. Which of the following are examples of individuals and entities who can be placed on these lists?
 - A. Employees
 - B. Medical staff members
 - C. Vendors
 - D. All of the above

7. The Anti-kickback Statute allows an individual to accept something of value in exchange for a referral of Federal health care program business.

True
False

**Student/Volunteer/Rotating Resident
New Workforce Member General Compliance/HIPAA Training & Education Post-Test**

8. Under the Federal False Claims Act, or FCA as referenced in this course, an individual may be liable and face substantial penalties for knowingly submitting or causing another to submit a false claim to the government.
- True
 - False
9. Rules governing conflicts of interest such as those surrounding accepting gifts; misuse of position, time and resources; conducting outside businesses and employment; political activities; gifts; and patient referrals can be found in which of the following:
- A. NYC Conflicts of Interest Law
 - B. NYC Health + Hospitals Code of Ethics
 - C. NYC Health + Hospitals POPC
 - D. All of the above
10. The Principles of Professional Conduct, or POPC as referenced in this course, is a guide that directs all workforce members and business partners to conduct official business in a manner that is both ethical and lawful.
- True
 - False
11. Which of the following are covered entities under HIPAA?
- A. Ambulatory facilities
 - B. Hospitals
 - C. Nursing homes
 - D. Home health agencies
 - E. All of the above
12. Which of the following are ways in which NYC Health + Hospitals and its workforce members can protect patient confidentiality?
- A. Allow access to patient information only to those with a need to see such information.
 - B. Require workforce members who utilize electronic medical records to log out of such systems before they leave their workstations.
 - C. Hold discussions about patient care public/commonly traveled areas.
 - D. A & B only.
13. Protected Health Information, or PHI as referenced in this course, includes past, present or future patient related information maintained or transmitted by a covered entity and which is in oral, electronic or written format.
- True
 - False
14. You are a workforce member with authorization to view patient information in the electronic medical record. You may use this access in the following manner(s):
- A. View your own medical record information at your leisure.
 - B. View a family member's, friend's or colleague's medical record information when asked.
 - C. View the minimal necessary information to perform the work assigned in your role.
 - D. View another patient's medical record whos condition is of interest.



**Student/Volunteer/Rotating Resident
New Workforce Member General Compliance/HIPAA Training & Education Post-Test**

15. Which of following issues or actions would be violations under Federal or State privacy or confidentiality laws?
 - A. Disclosing confidential patient information without authorization or as allowed under law.
 - B. Allowing one to participate in the treatment being provided without proper credentials or authorization.
 - C. Failing to maintain the security of confidential information by installing unauthorized applications on electronic devices.
 - D. All of the above.

16. The goal(s) of an Accountable Care Organization, or ACO as referenced to in this course, is to:
 - A. Ensure that patients are receiving only necessary care and that the Federal government is not paying for care that is not necessary.
 - B. Gain increased patient confidence in their care provider and limit the amount of time the patients need to be seen by their provider.
 - C. Improve patient outcomes and reduce the overall cost of care.
 - D. Minimize reportable patient errors and increase patient safety in today's health care industry.

17. What does the abbreviation "DSRIP", as referenced to in this course, stand for?
 - A. Delivery System Reform Incentive Payment
 - B. Delivery Service Retrospective Increase Payment
 - C. Determined Service Reform Initiative Payment
 - D. Delivery Services Reform Increase Plan

18. I can lose my job or position if I report a suspected compliance concern in good faith.

True
False

19. As a NYC Health + Hospitals workforce member, if you discover something that you believe violates either the law or NYC Health + Hospitals policies, the most appropriate response would be to:
 - A. Discuss the matter with co-workers to arrive at a consensus.
 - B. Call the NYC Health + Hospitals President's Office.
 - C. Contact the Office of Corporate Compliance.
 - D. Perform a Google search.

20. Workforce members may report a compliance issue or pose a question by:
 - A. Calling NYC Health + Hospitals Compliance Helpline at 1-866-HELP-HHC.
 - B. Sending an e-mail to COMPLIANCE@nychhc.org.
 - C. Emailing, calling or visiting their local compliance officer.
 - D. All of the above.

PRINTED NAME:	
DATE:	
TITLE:	
FACILITY/ENTITY:	
SIGNATURE:	

NYC Health + Hospital's Corporate Compliance & Ethics Program

Student/Volunteer/Rotating Resident Orientation Materials

Rev. 6.18



NYC HEALTH + HOSPITALS

CORPORATE COMPLIANCE AND ETHICS PROGRAM

SUMMARY OF WORKFORCE MEMBER, BUSINESS PARTNER, AND AGENT RESPONSIBILITIES

It is mandatory that all Workforce Members, Business Partners, and Agents (collectively “Covered Persons”), at each NYC Health + Hospitals (the “System”) facility, unit, and entity, comply with the requirements set forth in System Operating Procedure (“OP”) 50-1 - *Corporate Compliance and Ethics Program* (the “Program”). To satisfy these requirements, it is mandatory that all Covered Persons abide by the following compliance mandates:

- Adhere to compliance standards;
- Adhere to standards of conduct;
- Protect whistleblowers by prohibiting retaliation;
- Refrain from engaging in prohibited activities;
- Report compliance issues and concerns;
- Commit to ethical conduct; and
- Protect the privacy and security of confidential information.

Covered Persons who fail to comply with these mandates, which are described in greater detail below, shall be subject to disciplinary action up to and including termination of employment, contract or other relationship with the System.

1. Adherence to Compliance Standards.¹ The System has established an organizational culture that fosters the prevention, detection, and resolution of any form of conduct that fails to comply with applicable law or the System’s own ethical and business policies. All Covered Persons must refrain from engaging in acts that constitute fraud, waste or abuse, or any other conduct that is, or reasonably likely to be, contrary to this organizational culture.

2. Commitment to Ethical Conduct. All Covered Persons are expected to carry out their System functions and duties in an ethical manner. In a nutshell, ethics is *doing the right thing*. Examples of ethical conduct include: acting fairly and honestly; complying with standards of conduct and applicable legal requirements; following industry practices that are lawful, fair, and non-deceptive; reporting compliance violations; and enforcing disciplinary policies.

3. Protecting the Privacy and Security of Confidential Information. All Covered Persons are responsible for protecting the confidentiality, privacy, and security of confidential System information. Covered Persons shall not access, disclose, transmit, or otherwise use confidential System information in a manner that is inconsistent with applicable law or the System’s internal information governance policies or contractual requirements (e.g., business associate, qualified service organization agreements, and other contractual provisions that govern the use of confidential information). Confidential information includes: (i) patient protected health information; (ii) the personally identifiable information and/or private information of Covered Persons; and (iii) System business information that is protected under a legal privilege or applicable law, or is otherwise not subject to public disclosure.

4. Adherence to Standards of Conduct. All Covered Persons must adhere to the various Standards of Conduct promulgated by the System or enacted by law that apply to their function, role, and/or association with the System.² Some of the key Standards of Conduct are provided below:

➤ **Principles of Professional Conduct (“POPC”)** - All Covered Persons are required to adhere to the System’s POPC – a guide that sets forth the System’s compliance expectations and commitment to obey all applicable Federal and State laws. The POPC also describes the System’s standards of professional conduct and efforts to prevent fraud, waste, and abuse.

¹ As used in this summary, the term “applicable law” includes all applicable Federal, New York State, and local laws.

² The POPC, Chapter 68, and the Code of Ethics, as well as additional System standards of conduct (e.g., standards of conduct concerning pharmaceutical company gifts and sponsored educational programs (OP 20-55), nepotism (OP 20-54), and social media (OP 20-61)) may be accessed on the System’s public website at: <http://www.nychealthandhospitals.org/policies-procedures/>.

➤ Chapter 68 of the NYC Charter (“Chapter 68”) - All System employees and Members of the System’s Board of Directors (including the Board’s designee agents and all Directors of the System’s wholly owned subsidiaries) must adhere to *Chapter 68 of the New York City Charter*, which governs the interaction between the private interests of employees and Board members and their official System duties.

➤ Code of Ethics - The System’s Code of Ethics is binding on all System affiliate (e.g., SUNY Downstate, PAGNY, Mount Sinai, and NYU) personnel who perform System functions, duties, and services under an affiliation agreement with the System. Members of the System’s various Community Advisory Boards and Auxiliaries and other System personnel not covered by Chapter 68 must also adhere to the Code of Ethics. The Code of Ethics governs the relationship between the private interests and official System duties of these individuals.

5. Mandatory Reporting. All Covered Persons have an affirmative obligation to report to the Office of Corporate Compliance (“OCC”) the commission of (or attempt or plan to commit) any activity prohibited under OP 50-1 of which they become aware. Reports shall be made to:

**NYC Health + Hospitals
Office of Corporate Compliance
160 Water Street, Suite 1129, New York, NY 10038
Telephone: (646) 458-7799; Facsimile: (646) 458-5624
E-mail: COMPLIANCE@nychhc.org**

Confidential Compliance Helpline: 1-866-HELP-HHC (1-866-435-7442)

OneCity Health DSRIP Compliance Helpline: 1-844-805-0105 (For DSRIP-related compliance issues)

MetroPlus Health Plan Compliance Hotline: 1-888-245-7247 (For MetroPlus compliance issues)

6. Prohibition of Retaliation / Whistleblower Protection. The System is committed to protecting whistleblowers. As such, the System strictly prohibits intimidation or retaliation, in any form, against any Covered Person who in good faith participates in the Program through any of the following protected conduct: (i) reporting and investigating potential compliance issues; (ii) performing self-evaluations, internal investigations, and audits; (iii) filing compliance complaints; (iv) making compliance inquiries; (v) cooperating with or implementing remedial actions in response to compliance deficiencies; (vi) providing information to appropriate officials as provided under NYS Labor Law §§ 740 and 741; or (vii) objecting to any activity that constitutes healthcare fraud, improper quality of care, or a violation of System policy or applicable law.

“Retaliation” refers to the discharge, suspension, demotion, penalization, discrimination or other adverse employment, contractual, business-related or patient care-related action imposed against any individual or entity as a consequence of their engagement in protected conduct or other participation in the Program.

7. Prohibited Activities. Covered Persons are prohibited from engaging in any of the following activities:

- Participating in the Program in a non-compliant manner by failing to abide by any of the compliance mandates listed in sections one through six above;
- Participating in the Program in a non-compliant manner by violating OP 50-1 or related compliance policies;
- Failing to cooperate with internal or external audits or investigations;
- Failing to report a matter to government officials or regulatory oversight agencies when required by applicable law or internal System policy;
- Encouraging, directing, facilitating or permitting either actively or passively non-compliant behavior; or
- Failing to comply with Federal healthcare program and private payor requirements.

Note: *This document is a summary guide and does not replace the specific language of OP 50-1. Please contact the OCC (see section 5 above) if you have any questions regarding this document, OP 50-1, or any compliance issue or concern. The full text of OP-50-1, the System’s standards of conduct, and related compliance policies may be accessed on the System’s public website at: <http://www.nychealthandhospitals.org/policies-procedures/>.*



NYC HEALTH + HOSPITALS

PRINCIPLES OF PROFESSIONAL CONDUCT



TABLE OF CONTENTS

I.	POPC OVERVIEW	PAGE 3
II.	WHO DOES THE POPC APPLY TO?	PAGE 3
III.	POPC CORE OBJECTIVES	PAGES 3-7
IV.	WHAT ARE THE RESPONSIBILITIES OF WORKFORCE MEMBERS UNDER THE POPC?	PAGES 7-8
V.	WHAT ARE THE RESPONSIBILITIES OF NYC HEALTH + HOSPITALS BUSINESS PARTNERS UNDER THE POPC?	PAGE 8
VI.	WHAT ARE SOME EXAMPLES OF UNPROFESSIONAL CONDUCT?	PAGES 9-11
VII.	WHAT HAPPENS IF YOU ENGAGE IN UNPROFESSIONAL CONDUCT OR OTHERWISE VIOLATE THE POPC?	PAGE 11
VIII.	HOW TO REPORT ISSUES OR VIOLATIONS	PAGE 12
IX.	PROHIBITION OF RETALIATION/WHISTLEBLOWER PROTECTION	PAGE 12
X.	STAY INFORMED!	PAGE 13





NYC HEALTH + HOSPITALS

PRINCIPLES OF PROFESSIONAL CONDUCT

I. POPC OVERVIEW.

The *Principles of Professional Conduct* (“POPC”) is a guide that sets forth NYC Health + Hospitals’ compliance expectations and commitment to comply with all applicable Federal and State laws. It describes NYC Health + Hospitals’ standards of professional conduct and efforts to prevent fraud, waste, and abuse. All NYC Health + Hospitals workforce members and business partners, as described in Section II below, are expected to carry out their duties and functions in a manner that is lawful and ethical. Workforce member responsibilities under the POPC are listed in Section IV below, and business partner responsibilities under the POPC are listed in Section V below.

II. WHO DOES THE POPC APPLY TO?

The POPC applies to and governs the conduct of: (i) NYC Health + Hospitals workforce members (whether permanent or temporary), including all NYC Health + Hospitals employees, members of the Board of Directors, personnel, affiliates, medical staff members, volunteers, students, and trainees, throughout all NYC Health + Hospitals facilities, units, and entities; and (ii) NYC Health + Hospitals business partners who are required by law or contract to comply with this POPC, including the POPC’s core objectives specified in Section III below. Business partners include OneCity Health/Delivery System Reform Incentive Payment (“DSRIP”) Program partners as well as contractors, subcontractors, agents and other persons or entities that, on behalf of NYC Health + Hospitals, provide billing or coding functions, furnish health care services or items, or monitor the health care provided by NYC Health + Hospitals.

III. POPC CORE OBJECTIVES.

The core objectives of the POPC are to ensure that NYC Health + Hospitals workforce members and, as applicable, its business partners:

- Fulfill NYC Health + Hospitals’ mission;



- Provide and deliver high quality, dignified and comprehensive care and treatment for the ill and infirm, both physical and mental, particularly to those who can least afford such services;
 - Extend equally to all we serve comprehensive health services of the highest quality, in an atmosphere of humane care and respect;
 - Promote and protect, as both an innovator and advocate, the health, welfare and safety of the people of the State of New York and of the City of New York; and
 - Join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense - - the total physical, mental and social well-being of the people of the State of New York and of the City of New York;
- Uphold NYC Health + Hospitals’ values by continuously reinforcing the six essential features of our daily work outlined in NYC Health + Hospitals *Guiding Principles*;
 - Keep patients first;
 - Keep everyone safe;
 - Work together;
 - Pursue excellence;
 - Manage your resources; and
 - Keep learning;
 - Prevent, identify, and correct unlawful and unethical behavior and fraud, waste, and abuse;
 - Identify, assess, and monitor potential risk areas;
 - Adhere to all applicable provisions of Federal and State law, NYC Health + Hospitals’ Corporate Compliance and Ethics Program, and NYC Health + Hospitals’ policies, including provisions that require the reporting of violations to appropriate parties;
 - Prevent the submission of inappropriate claims and billings and the receipt of improper payments by implementing training initiatives, establishing internal controls, and carrying out auditing and monitoring activities; and



- Minimize financial loss and reduce the likelihood of an overpayment by a federal health program, governmental entity or other third party payor;
- Deliver high quality, medically necessary care and services to all individuals in need regardless of their ability to pay;
 - Ensure that only health practitioners and other health professionals who are duly licensed, certified, credentialed or otherwise qualified in accordance with Federal and State law, medical staff bylaws and associated rules, and internal policies, are authorized to deliver care to patients;
 - Respect and protect patients' rights;
 - Deliver care and services in a culturally sensitive manner; and
 - Strive for the highest level of patient satisfaction;
- Maintain a respectful, healthy, productive, and safe work environment with the goals of preventing discriminatory and other inappropriate forms of conduct, reducing the likelihood of illnesses and injuries, and helping workforce members realize their full potential;
 - Provide equal employment opportunities to all workforce members and employment candidates regardless of any protected characteristic including, without limitation, race, age, gender, gender identity, sexual orientation, religion, ethnicity, disability or any other any other protected class covered by Federal, State, and/or local anti-discrimination laws;
 - Promptly respond to and address all acts or threats of violence, intimidation, discrimination, harassment or disruptive behavior;
 - Encourage workforce members to realize their full potential;
 - Provide reasonable accommodations to workforce members with disabilities; and
 - Perform initial and periodic health screenings of workforce members as required by applicable law and internal policies;
- Facilitate and promote standards of conduct that detect, reduce, and/or effectively manage conflicts of interest;



- Respect the environment in which we work and our facilities operate;
 - Handle, use, and dispose of all toxic, hazardous, radioactive, and pharmacological agents, materials, instruments, and supplies in a safe manner consistent with applicable law and internal policies;
- Establish mandatory compliance and other training and education initiatives;
- Engage in only fair business practices;
- Maintain an information governance program wherein patient, billing, employment, and other business records are authenticated and maintained in accordance with NYC Health + Hospitals' record management, privacy, and data security policies;
 - Ensure that all business records are kept securely, recorded accurately, authentic when produced, and available when needed;
 - Protect patient and workforce member privacy and confidentiality; and
 - Provide notice to patients and other affected parties as required by applicable law and internal policies in the case of a breach of confidential information;
- Participate in the NYC Health + Hospitals Corporate Compliance and Ethics Program and promptly report compliance concerns;
- As a condition of employment or contract (or other agreement), comply with the POPC and, where appropriate, other NYC Health + Hospitals policies that relate to the types of services, duties, functions, and products that the workforce member and/or business partner provides;
- Prohibit and promptly report to appropriate parties allegations of retaliation, harassment or intimidation in response to workforce member, business partner or other stakeholder participation in the Corporate Compliance and Ethics Program;



- Establish and enforce fair and consistent disciplinary policies and procedures for workforce member and, to the extent applicable, business partner violations of law or NYC Health + Hospitals policies;
- Provide NYC Health + Hospitals/MetroPlus Health Plan members with access to the highest quality, cost-effective health care including a comprehensive program of care management, health education, and customer service;
 - Strive for performance excellence by holding the Plan and its providers to the highest standards to ensure that members receive quality care;
 - Engage in team work, including all human resources and providers, to deliver the highest quality care and services to members
 - Achieve superior provider, member, and employee satisfaction;
 - Be fiscally responsible and ensure that revenues received are used effectively;
 - Foster a culture of respectfulness in the way everyone who is encountered is treated;
 - Protect member rights; and
 - Be accountable to each other, members, and providers; and
- Adhere to all NYC Health + Hospitals/MetroPlus Health Plan’s contractual commitments with Federal and State regulatory agencies;

IV. WHAT ARE THE RESPONSIBILITIES OF WORKFORCE MEMBERS UNDER THE POPC?

All workforce members are required to carry out their functions and duties - whether delivering clinical care, assisting in coding, billing or claims reimbursement activities, providing administrative oversight of NYC Health + Hospitals’ operations, or acting as support personnel - in a professional and ethical manner. This means, each workforce member is responsible for the following:



- Not engaging in any acts, conduct or practice that would be contrary to any of the core objectives listed in Section III above or interfere with NYC Health + Hospitals achieving any of these core objectives;
- Following the POPC and other applicable NYC Health + Hospitals policies and procedures, and applicable law;
- Not engaging in unprofessional conduct, examples of which are provided in Section VI below;
- Completing assigned training and education programs;
- Fully cooperating with any internal or government investigation; and
- Reporting, as outlined in Section VIII below, any event, occurrence, activity or other incident that appears to violate applicable law or NYC Health + Hospitals policies and procedures.

Workforce members must understand and comply with the applicable rules and policies that relate to their particular duties, functions or role. If a workforce member does not know what rules or policies apply to his/her position, that workforce member should talk to his/her supervisor, manager, administrative head or chief of service.

V. WHAT ARE THE RESPONSIBILITIES OF NYC HEALTH + HOSPITALS BUSINESS PARTNERS UNDER THE POPC?

It is the expectation of NYC Health + Hospitals that each entity with which it partners to accomplish its mission: (i) adopts the POPC or their own code of conduct that includes the POPC's core objectives or substantially similar compliance goals; (ii) not violate the POPC or their own similar code; (iii) not engage in unprofessional conduct as described in Section VI below; (iv) timely reports to NYC Health + Hospitals any violation of the POPC of which it becomes aware; and (v) fully cooperates, to the extent applicable, with any investigation by NYC Health + Hospitals or, if required, any governmental agency.



VI. WHAT ARE SOME EXAMPLES OF UNPROFESSIONAL CONDUCT?

The following are some examples of unprofessional conduct and are prohibited by NYC Health + Hospitals:

- Submitting false and/or fraudulent claims;
- Improper billing practices, including, but not limited to:
 - Billing for items or services not rendered or those that are not medically necessary;
 - Upcoding - using a billing or DRG code that provides for a higher payment rate than the correct code;
 - Submitting multiple claims for a single service or submitting a claim to more than one primary payor at the same time;
 - Unbundling - submitting claims in a piecemeal or fragmented way to improperly increase payment;
- Failing to promptly report and refund, as required by law, any overpayment;
- Interfering with or otherwise impeding an internal or government investigation;
- Submitting false cost reports;
- Failure to deliver medical care to any individual based on their inability to pay;
- Failure to comply with laws governing workplace safety;
- Engaging in conduct that is discriminatory in nature, amounts to sexual or other harassment, or constitutes intimidation, as well any act or threat of violence;
- Engaging in conduct that is hazardous to the environment;



- Engaging in conflicts of interest;
 - Accepting gifts or services from a patient, vendor or potential vendor;
 - Unlawfully donating hospital funds, services and products, or other resources to any political cause, party or candidate;
 - Failing to comply with the Chapter 68 of the New York City Charter or the NYC Health + Hospitals Code of Ethics to the extent such conflicts of interest policies apply;
- Failure to complete mandated training;
- Failure to maintain accurate, clear, and comprehensive medical records;
- Improperly using, disclosing, accessing, transmitting, and/or storing patient, workforce member or business information;
- Entering into an agreement with a business partner or affiliate the terms of which: (i) do not call for compliance with the POPC; or (ii) provide for activities and services that constitute unprofessional conduct;
- Engaging in business practices and acts that are unfair, deceptive or anti-competitive;
- Conducting unlawful marketing practices to enroll members into NYC Health + Hospitals/MetroPlus Health Plan including, but not limited to, engaging in unlawful beneficiary inducements;
- Failure to promptly report a potential compliance concern or incident;
- Submitting false statements, certifications, qualifications and/or documentation required in any business dealings or one's role;
- Any violation of Federal and State human subject research laws and/or the NYC Health + Hospitals Human Subject Research Protections Program Policies and Procedures;



- Any violation of applicable NYC Health + Hospitals' policies and procedures;
- Other types of unprofessional conduct, including, but not limited to:
 - Misuse or misallocation of World Trade Center Health Program, DSRIP Program, research or grant funds;
 - Engaging in improper or illegal business arrangements;
 - Giving or receiving anything of value to induce referrals for items or services, or for the ordering of items or services;
 - Hiring or contracting with persons or entities excluded from participation in Federal health care programs; and
 - Engaging in any activity or conduct that may result in the imposition of civil monetary penalties.

VII. WHAT HAPPENS IF YOU ENGAGE IN UNPROFESSIONAL CONDUCT OR OTHERWISE VIOLATE THE POPC?

Workforce members or business partners who engage in unprofessional conduct or act contrary to applicable law or NYC Health + Hospitals' policies and procedures, many of which are summarized in the POPC core objectives or other elements of the POPC, shall be subject to disciplinary action up to and including termination of employment, contract, and/or other affiliation with NYC Health + Hospitals, as applicable.

- NO FURTHER TEXT ON THIS PAGE -





VIII. HOW TO REPORT ISSUES OR VIOLATIONS.

Workforce members and business partners, as applicable, are responsible for promptly reporting to the Office of Corporate Compliance any suspected unlawful or unethical behavior or incidents and/or violations of the POPC. Reports may be made, by phone, fax or e-mail in the following manner:

NYC Health + Hospitals
Office of Corporate Compliance
160 Water Street, Suite 1129
New York, NY 10038
Telephone: (646) 458-7799
Facsimile: (646) 458-5624
E-mail: COMPLIANCE@nychhc.org
Confidential Compliance Helpline: 1-866-HELP-HHC (1-866-435-7442)

Reports may be made anonymously by using the **CONFIDENTIAL COMPLIANCE HELPLINE** provided directly above. Each report received by will be treated confidentially, fully assessed, and investigated as warranted.

IX. PROHIBITION OF RETALIATION/WHISTLEBLOWER PROTECTION.

NYC Health + Hospitals is committed to protecting whistleblowers. Accordingly, NYC Health + Hospitals strictly prohibits intimidation, harassment, or retaliation, in any form against any individual who in good faith participates in the Corporate Compliance and Ethics Program by reporting or participating in the investigation of suspected violations of law, regulation, policies and/or suspicions of fraud, waste, or abuse. Examples of retaliation include unjustified discharge/termination, demotion, or suspension of employment; threatening or harassing behavior; and/or negative or onerous change in any term or condition of employment.

Any attempt by an individual or entity to intimidate, harass, or retaliate against a reporter or potential reporter will result in action up to and including termination of employment, contract, and/or other affiliation with NYC Health + Hospitals.



X. STAY INFORMED!

Workforce members and business partners are strongly encouraged to familiarize themselves with NYC Health + Hospitals' mission, values, *Guiding Principles*, and to stay informed of the many NYC Health + Hospitals policies related to the POPC's core objectives by visiting its intranet page at: <http://compliance.nychhc.org/>, or NYC Health + Hospitals' public website at: <http://www.nychealthandhospitals.org/hhc/html/about/About-PublicInfo-Compliance.shtml>. Questions regarding these policies or any of the following important topics, may be addressed by contacting the Office of Corporate Compliance as described in Section VIII above:

- NYC Health + Hospitals Corporate Compliance and Ethics Program;
- Stark Law, Anti-Kickback Statute, State and Federal False Claims Acts, Civil Monetary Penalties Law, Exclusion Authorities, Criminal Health Care Fraud Statute, and New York Labor Law §§ 740 and 741;
- Billing, coding, payments, accounting, and record keeping;
- Conflicts of interest;
- Customer and vendor relations;
- Discrimination, sexual harassment, and retaliation;
- Patient rights;
- HIPAA and patient confidentiality;
- Workplace safety and environment of care issues;
- Improper business arrangements (e.g., leases) or referrals; and
- Information governance.



**NYC HEALTH + HOSPITALS
CORPORATE COMPLIANCE AND ETHICS PROGRAM**

***SUMMARY OF WORKFORCE MEMBER, BUSINESS PARTNER, AND AGENT
PRIVACY AND CONFIDENTIALITY RESPONSIBILITIES****

Federal and State law require all workforce members, business partners, and agents to maintain the confidentiality and security of Protected Health Information (“PHI”). Workforce members, business partners, and agents must ensure that any access, use and/or disclosure of PHI is done in compliance with applicable Federal and State confidentiality laws. Information about the responsibilities of workforce members, business partners, and agents, as well as basic elements of privacy and security requirements, are summarized in sections 1 - 8 below. Workforce members, business partners, and agents who fail to comply with System policies and procedures or Federal and State law concerning privacy and confidentiality shall be subject to disciplinary action up to and including termination of employment, contract or other affiliation with NYC Health + Hospitals (also referred to as the “System”).

1. What is HIPAA? HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. HIPAA, among other things, establishes a foundation for Federal protection of PHI, the purpose of which is to prohibit a “covered entity,” such as the System, from accessing, using or disclosing PHI unless authorized by a patient or otherwise permitted under HIPAA.¹ **NYC Health + Hospitals is a covered entity because it is a Health Care Provider. NYC Health + Hospitals MetroPlus Health Plan is also a covered entity because it is a Health Plan.**

2. What is PHI? PHI is health information (excluding employee records), including demographic information, maintained or transmitted in any form by a covered entity, which identifies the individual; or there is a reasonable basis to believe the information can be used to identify the individual, and: (i) is created or received by a health care provider, health plan, or health care clearinghouse; and (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. PHI consists of any information that could be used alone or in combination with other information to identify a patient, and includes 18 identifiers that, when associated with a patient, or a patient’s relatives, employer and/or household members could be used to identify the patient. Examples of identifiers include names, addresses including zip codes, Social Security Numbers, account numbers, medical record numbers, full face photos, and telephone numbers.²

3. What rights are afforded to patients under HIPAA? HIPAA provides patients with the following eight rights:

- Request limits on the use and disclosure of their PHI;
- Request access and copies of their medical records;
- Request that their medical records be amended;
- Request a listing of all disclosures of their PHI;
- Request that they not be listed in a patient directory;
- Limit the disclosure of PHI to specific family members or friends;
- Receive the Notice of Privacy Practices (“NPP”); and
- Submit a complaint to NYC Health + Hospitals and/or the U.S. Department of Health and Human Services regarding a HIPAA violation.³

4. What is a Business Associate (“BA”) and what is its obligations? A BA is a person or entity, other than a workforce member, that creates, receives, maintains or transmits PHI, and that performs functions or activities on behalf of the System, or that provides certain services to or for the System. A BA may also be a subcontractor of a BA that creates, receives, maintains, or transmits PHI on behalf of such BA. Examples of BAs include a Health Information Exchange, an information technology service provider who has access to electronic systems, and a software provider that acts as an e-prescription gateway to a pharmacy, or an accountant, consultant or attorney. HIPAA requires that BAs enter into a contract referred to as a business associate agreement (“BAA”) to ensure the confidentiality and integrity of the PHI created, received, maintained or transmitted by a BA.⁴

¹ See Health and Human Services (“HHS”) Office for Civil Rights (“OCR”) *Summary of the HIPAA Privacy Rule* accessed at <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html> on January 8, 2018.

² See 45 CFR §§ 160.103 and 164.514 (b)(2)(ii).

³ See generally 45 CFR Parts 160 and 164 Subpart E.

⁴ See 45 CFR §§ 160.103, ; 164.500(c), 163.504(e), 164.308(b),, and 164.502(a)(3) – (4).

5. What are the responsibilities of workforce members, business partners, and agents? All workforce members, business partners, and agents are responsible for protecting the confidentiality, privacy, and security of PHI and other confidential System information. Workforce members, business partners, and agents shall not access, use, disclose or transmit PHI or other confidential System information in a manner that is inconsistent with Federal and State law or the System’s internal information governance policies or contractual requirements (e.g., BAAs and other contractual provisions that govern confidential information). Confidential information includes: (i) patient protected health information; (ii) the personally identifiable information or private information of workforce members, business partners and agents; and (iii) System business information that is protected under legally recognizable privileges or applicable confidentiality laws, or is otherwise not subject to public disclosure.

6. Examples of Prohibited Activities. Workforce members, business partners, and agents are prohibited from engaging in any activities that compromise the security or privacy of Confidential Information, including but not limited to the following prohibited activities:

- Viewing or accessing information in the medical record for a patient not under your care.
- Accessing one’s own medical record information.
- Viewing, accessing or copying patient information without a job related necessity simply because you may have system access.
- Sending emails containing patient medical information or other confidential business information outside the System without utilizing secure messaging applications and/or without business justification or necessity.
- Disclosing patient information without proper consent, authorization or as permissible under Federal or State law.
- Sharing or utilizing passwords or other system access information to view or access patient information not otherwise authorized to view or access.
- Photographing patients, patient related conditions, illnesses or symptoms, or patient medical record information without authorization, appropriate electronic means and/or for a purpose not allowed by Federal or State law or System policies and procedures.

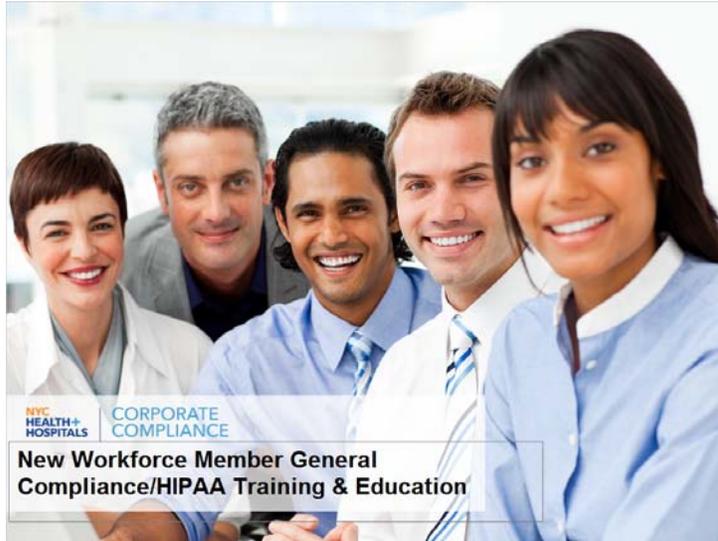
7. What is a “breach” and what is required of the System? A breach is an impermissible acquisition, access, use or disclosure of PHI, in a manner not permitted under HIPAA, that compromises the security or privacy of the PHI. An impermissible acquisition, access, use or disclosure of PHI is presumed to be a breach unless the System or one of its BAs can demonstrate via a risk assessment that there is a low probability that the PHI has been compromised. Any loss of PHI may constitute a violation of privacy and confidentiality laws and possibly a breach. In the case of a breach of PHI, the System must notify all affected individuals of such breach as soon as practicable, but in any event, within sixty (60) calendar days of the breach.⁵

8. Mandatory Reporting. All workforce members, business partners, and agents have an affirmative responsibility and obligation to report to the Office of Corporate Compliance (“OCC”) the commission of (or any attempt or plan to commit, or conspiracy to commit) any violation of patient or System privacy and confidentiality that is brought to their attention or that they otherwise become aware of, including the above prohibited activities. Reports shall be made to the OCC as follows:

NYC Health + Hospitals
Office of Corporate Compliance - Corporate Privacy and Security Officer
160 Water Street, Suite 1129, New York, NY 10038
Telephone: (646) 458-7799; Facsimile: (646) 458-5624
E-mail: COMPLIANCE@nychhc.org
Confidential Compliance Helpline: 1-866-HELP-HHC (1-866-435-7442)
OneCity Health DSRIP Compliance Helpline: 1-844-805-0105 (For DSRIP-related compliance issues)

***Note:** The material provided in this document is intended to serve as a general guide. It is not intended to replace the specific language provided in System’s policies and procedures. Workforce members, business partners, and agents should contact the OCC, as detailed in section eight (8) above, if they have any questions regarding this document, policies and procedures, or to report a potential or pending compliance or privacy issue or concern.

⁵ See 45 CFR §§ 164.402; see also 45 CFR §§ 164.404 (a)(2) and (b).



NYC HEALTH+ HOSPITALS CORPORATE COMPLIANCE

New Workforce Member General Compliance/HIPAA Training & Education

COURSE OBJECTIVES

- To understand what is compliance and the NYC Health + Hospitals' Corporate Compliance & Ethics Program.
- To learn the purposes and goals of the NYC Health + Hospitals' Corporate Compliance & Ethics Program.
- To understand the Federal and State laws and the System's policies procedures and standards, relevant to compliance.
- To learn about patient privacy and confidentiality laws including HIPAA.
- To understand what is an excluded individual or entity.
- To learn about the HHC ACO, Inc., and the System's DSRIP activities.
- To understand the System's commitment to ensuring ethical conduct by its workforce.
- To learn about the procedures and methods in place for reporting compliance issues or concerns.
- To understand the protection from retaliation afforded to those who report compliance issues or concerns.

Section 1

Overview of Compliance & the NYC Health + Hospitals' Corporate Compliance & Ethics Program

☰
Compliance Program Requirements



- Why do I need training?
- What is Compliance?
- What is Ethics?
- What are the System's Compliance Requirements?
- What risk areas must an effective compliance program cover?
- What are the 8 key elements of a compliance program?

Click on each topic on the left to learn more.

☰
Compliance Program Requirements



- Why do I need training? ←
- What is Compliance?
- What is Ethics?
- What are the System's Compliance Requirements?
- What risk areas must an effective compliance program cover?
- What are the 8 key elements of a compliance program?

All designated workforce members, pursuant to NYS law and Federal guidelines, must complete compliance training and education.

NYS Social Services Law- Requires training and education of all affected employees and persons associated with the provider, including executives and governing body members, on compliance issues, expectations and the compliance program operation.

2016 U.S. Sentencing Commission Guidelines Manual - Requires entities such as the System to take reasonable steps to communicate periodically its standards and procedures, and other aspects of the compliance and ethics program by conducting effective training programs and otherwise disseminating information.

☰
Compliance Program Requirements



- Why do I need training?
- What is Compliance? ←
- What is Ethics?
- What are the System's Compliance Requirements?
- What risk areas must an effective compliance program cover?
- What are the 8 key elements of a compliance program?

Compliance is an organizational culture that fosters the prevention, identification, and remediation of conduct that fails to comply with applicable law and/or an organization's own ethical and business standards of conduct.

☰ Compliance Program Requirements

Why do I need training?

What is Compliance?

What is Ethics? ←

What are the System's Compliance Requirements?

What risk areas must an effective compliance program cover?

What are the 8 key elements of a compliance program?

"Ethics" is doing the right thing. All workforce members are expected to carry out their functions, duties, responsibilities, and obligations in an ethical and legal manner such as by:

1. Acting fairly and honestly;
2. Complying with standards of conduct that articulate an organization's commitment to comply with applicable law and outline its ethical requirements of compliance;
3. Complying with all applicable legal requirements including, without limitation, fraud, waste, and abuse laws;
4. Following applicable industry practices that are lawful, fair, and non-deceptive in nature;
5. Adherence by professionals to applicable ethical standards of conduct dictated by their respective professional organizations;
6. Reporting compliance violations; and
7. Enforcing disciplinary policies

☰ Compliance Program Requirements

Why do I need training?

What is Compliance?

What is Ethics?

What are the System's Compliance Requirements? ←

What risk areas must an effective compliance program cover?

What are the 8 key elements of a compliance program?

Required compliance activities apply to health care and hospital systems such as NYC Health + Hospitals.

The following are examples of the System's requirements to maintain an effective compliance program:

- Pursuant to NYS regulations, all providers that bill the Medicaid program \$500,000 or more annually must establish an effective compliance program.
- NYS regulations require certain providers to implement an effective compliance program in order "(t)o be eligible to receive medical assistance payments for care, services, or supplies"

☰ Compliance Program Requirements

Why do I need training?

What is Compliance?

What is Ethics?

What are the System's Compliance Requirements?

What risk areas must an effective compliance program cover? ←

What are the 8 key elements of a compliance program?

To be effective, compliance program activities must cover the following risk areas:

- Billing;
- Payments;
- Medical necessity and quality of care;
- Governance;
- Mandatory reporting;
- Credentialing; and
- Other risk areas identified by the provider.

Compliance Program Requirements

- Why do I need training?
- What is Compliance?
- What is Ethics?
- What are the System's Compliance Requirements?
- What risk areas must an effective compliance program cover?
- What are the 8 key elements of a compliance program?

ethics, which provide guidance to employees on how to identify and report issues and how they are investigated and resolved;

2. Designation of a Compliance Officer;
3. Training and education programs concerning the compliance program, its expectations, and its scope of operation;
4. Direct communication lines to the compliance officer and which allow for the anonymous and confidential good faith reporting of potential compliance issues;
5. Disciplinary policies to encourage the good faith participation in the compliance program;
6. A system designed to routinely identify, evaluate, and address corporate vulnerabilities and risks;
7. A system designed to respond to compliance issues as they are raised and/or identified; and
8. A policy that prohibits intimidation or retaliation "for [the] good faith participation in the compliance program"

Overview of Compliance & the NYC Health + Hospitals' Corporate Compliance & Ethics Program

Click on each post-it below to learn more.

NYC Health + Hospitals' Corporate Compliance & Ethics Program (the "Program") is focused on the prevention, detection, and correction of any departure from the System's legal, regulatory, professional, fiduciary, and ethical obligations, especially as they relate to the following:

- (i) Fraud, waste, and abuse including, without limitation, activities related to coding, billing, payments, and financial transactions;
- (ii) Information governance;
- (iii) Risk identification, assessment, and prioritization;
- (iv) Corporate governance; and
- (v) The establishment and monitoring of effective internal controls.

Goals

Scope

Overview of Compliance & the NYC Health + Hospitals' Corporate Compliance & Ethics Program

Click on each post-it below to learn more.

The goals of the Program are as follows:

1. To prevent and detect fraud, waste, abuse, and criminal conduct;
2. To promote an organizational culture that encourages ethical conduct and business practices and compliance with the law; and
3. To create a system of internal controls designed to prevent inappropriate billing and other practices not permitted under Medicaid and Medicare program regulations, guidelines, and conditions of participation.

Goals

Scope


Overview of Compliance & the NYC Health + Hospitals' Corporate Compliance & Ethics Program


 The Program governs the compliance oversight activities at every System facility, unit, and entity including:

- All acute care facilities and associated extension clinics;
- All Diagnostic & Treatment Centers ("D&TCs")(including those designated as Federally Qualified Health Centers) and associated extension clinics;
- All long term acute care facilities and nursing homes;
- NYC Health + Hospitals/At Home; and
- All subsidiary corporations.

Click on each post-it below to learn more.

Goals

Scope


Who is NYC Health + Hospitals Chief Corporate Compliance Officer?

NYC Health + Hospitals Chief Corporate Compliance Officer ("CCO") is Catherine Patsos, Esq.

The CCO is the chief officer in charge of ensuring that NYC Health + Hospitals complies with all applicable laws and its own standards of ethical conduct, as well as directing compliance activities across the System.



Section 2
 Fraud, Waste & Abuse
 & Relevant Federal & State Compliance Laws

Reminder, this section of the course is only for the Students/Volunteers and not specific to physicians, health care providers, or the general workforce. If you are a physician or health care provider, please go back and select the correct button.

☰
Deficit Reduction Act of 2005 ("DRA")

The DRA requires NYC Health + Hospitals, as a condition of participation in the Medicaid program, to establish written policies and procedures that will inform its employees, contractors, and agents of the following:

- NYC Health + Hospitals internal policies covering fraud, waste and abuse;
- False Claims Act and any similar State laws that govern false claims and statements; and
- Whistleblower protections under Federal and State laws.



☰
Deficit Reduction Act of 2005 ("DRA")

Internal policies governing fraud, waste and abuse include, amongst others:

NYC Health + Hospitals OP 50-1- Corporate Compliance & Ethics Program

The System has implemented a Program that satisfies the mandatory provider compliance program regulations promulgated by the NYS Department of Social Services and the principles set forth in the 2016 U.S. Sentencing Commission Guidelines- Manual pertaining to effective compliance and ethics programs.

NYC Health + Hospitals Principles of Professional Conduct ("POPC")

The POPC is a guide that sets forth the System's compliance expectations and commitment to comply with all applicable Federal and State laws. It describes the System's standards of professional conduct and efforts to prevent fraud, waste and abuse.

☰
Fraud

Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.

Fraud consists of, among other things, intentionally making false statements or misrepresentations or submitting false information in order to receive money or benefits to which one is otherwise not entitled.

Some examples of Fraud include:

- Knowingly billing for services or prescriptions not furnished or supplies not provided;
- Knowingly altering (or falsifying) claim forms, medical records or receipts to receive a higher payment;
- Knowingly soliciting, receiving, offering, and/or paying for referrals related to a Federal health care program; and
- Billing for appointments patients failed to keep.



Waste

Waste includes "overusing services, or other practices that, directly or indirectly, result in unnecessary costs to a Federal health care program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources."

Some examples of Waste include:

- Conducting excessive office visits or writing excessive prescriptions;
- Prescribing more medications than necessary for the treatment of a condition; and
- Ordering excessive laboratory tests or exams.



Abuse

Abuse includes "actions that may, directly or indirectly, result in unnecessary costs to a Federal health care program and involves payments for items or services when there is no legal entitlement to that payment." However, unlike fraud, the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

Abuse includes any practice not consistent with providing patients with services that are medically necessary, meet professionally recognized standards, and are priced fairly.

Some examples of Abuse include:

- Billing for services that were not medically necessary;
- Charging excessively for services and supplies;
- "Misusing codes on a claim, such as upcoding or unbundling codes;" and
- "Billing for brand name drugs when generic drugs are dispensed."



False Claims Act ("FCA")

The FCA protects the government from being overcharged or sold substandard goods or services. This incorporates services including Federal health care program business. The FCA makes an individual liable to pay damages to the government if he or she **knowingly**, amongst other things:

- Conceals or improperly avoids or decreases an obligation to pay the government;
- Makes or uses a false record or statement supporting a false claim;
- Presents a false claim for payment or approval; or
- Conspires to violate the FCA.

The "*knowing*" standard for an FCA violation includes actual knowledge of as well as acting in deliberate ignorance or reckless disregard of the truth related to the claim.

Individuals who bring legal actions (known as *qui tam* actions) for false claims on behalf of the government are protected from retaliation.

Penalties under the FCA include but are not limited to:

- Up to \$21,563 for each claim;
- Plus three times the amount of damages; and
- Any costs the government incurs when an action is brought to recover any such penalty or damages.



☰ Physician Self-Referral Law ("Stark Law")

The Physician Self-Referral Law, often called the Stark Law, prohibits (with some exceptions) a physician from making a referral for certain designated health services payable by Medicare or Medicaid to an entity in which the physician (or his/her immediate family member) has a financial relationship.

Financial relationships can be defined as those in which there is:

- An ownership/investment interest; or
- A compensation arrangement.

"The Stark Law also prohibits the provider of the designated health service from submitting a claim for payment for a designated health service furnished pursuant to a prohibited referral."

Questions or concerns about the Stark Law should be directed to the Office of Corporate Compliance.



☰ Anti-kickback Statute ("AKS")

The AKS in relevant part, makes it a crime for anyone to knowingly and willfully solicit, offer, pay or receive any remuneration :

- In return for referring 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; or
- 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.

If an arrangement satisfies certain regulatory safe harbors under the AKS, it is not treated as a violation.

Violators face criminal penalties and fines for acts which impact a Federal health care program's reimbursable services under this law.



NYS False Claims Act

The NYS False Claims Act has similar provisions found in the FCA regarding the inappropriate submission of claims that result in obtaining money from a State or local government for which they are not entitled. The NYS False Claims Act makes anyone liable for which they *knowingly*, among other things:

- Present, or cause to be presented a false or fraudulent claim for payment or approval;
- Make, use, or cause to be made or used, a false record or statement material to a false or fraudulent claim;
- Conceal or avoid paying funds due to the State or local government; or
- Conspire to commit a violation of various provisions of the NYS False Claims Act.

Private individuals may bring a civil action for a violation of this law in State court on behalf of the government.



Exclusion Authority: What is an Exclusion?

Individuals and entities that have engaged in fraud, abuse or misconduct (including quality of care issues), can be excluded from participation in Federal health care programs, including Medicare and Medicaid.

Excluded individuals and entities can include providers, employees, and Board Members.

Individuals or entities cannot be paid either directly or indirectly by a Federal health care program for any items or services furnished, ordered or prescribed by an excluded individual or entity.

Entities, including NYC Health +Hospitals, receiving funds from a Federal health care program, have an obligation to ensure that its workforce members are not among those who are excluded. To do this, NYC Health + Hospitals monitors Federal and State government lists that include the names of excluded individuals and entities.



Exclusion Authority: Types of Exclusions

There are two (2) types of exclusions which can be imposed. Exclusion periods can vary in length from months to years and can also be permanent.

Mandatory Exclusion	Permissive Exclusion
<p>Mandatory exclusion can occur under the following circumstances:</p> <ul style="list-style-type: none"> • Conviction of program-related crimes; • Conviction relating to patient abuse; • Felony conviction relating to health care fraud; or • Felony conviction relating to controlled substance. 	<p>Permissive exclusion can occur under the following circumstances:</p> <ul style="list-style-type: none"> • Misdemeanor conviction related to a controlled substance; • Defaulting on health education student loan or scholarship obligation; • License suspension or revocation; or • Lying on a Federally funded program enrollment application.

Information pertaining to or questions about excluded individuals or entities should be directed to the OCC.

Emergency Medical Treatment and Active Labor Act ("EMTALA")

What is EMTALA?

EMTALA is a Federal law which requires Medicare participating hospitals with dedicated emergency departments to provide appropriate medical screening to any person who comes to the emergency department to determine whether an emergency medical condition exists, and provide stabilizing treatment if such condition does exist, regardless of the person's ability to pay. If such a hospital does not have the capability to appropriately treat such patient, EMTALA requires these hospitals to transfer those patients to another facility with such capability.



10

Emergency Medical Treatment and Active Labor Act ("EMTALA")

What are the penalties under EMTALA?

Penalties for violating EMTALA include significant fines for each violation, possible termination of a Medicare provider agreement, civil liability, and possible exclusion from Medicare and Medicaid.

EMTALA as it applies to outpatient services

If a person is registered as an outpatient of the hospital and they have begun to receive outpatient services, the hospital does not have an EMTALA obligation to provide a medical screening examination.

Such persons are protected by the hospital's requirement under the Medicare Conditions of Participation ("CoPs") and State law which protect a patient's health and safety and ensure that quality care is furnished in a Medicare-participating hospital. A hospital continues to have a responsibility to meet the patient's emergency needs in accordance with hospital CoPs.

11

Section 3

Standards of Conduct Applicable to Workforce Members


Standards of Conduct Applicable to Workforce Members

Under the Social Services law, the System is required to establish and maintain an effective compliance program that, among other things, includes "written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics..."

The next several slides will review internal policies concerning professional conduct, ethics, and conflicts of interest that apply to workforce members.

Principles of Professional Conduct ("POPC")

NYC Health + Hospitals Code of Ethics

OP 20-61 Social Media Use


NYC Health + Hospitals Principles of Professional Conduct



Please click on the image above to view the POPC.

The System promulgated the Principles of Professional Conduct ("POPC") as its standard of conduct. The POPC sets forth the System's compliance expectations and commitment to comply with all applicable Federal and State laws as well as NYC Health + Hospitals Operating Procedures.

- The POPC applies to all workforce members including but not limited to:
- All employees;
 - Members of the NYC Health + Hospitals Board of Directors;
 - Directors of NYC Health + Hospitals wholly owned subsidiaries; and personnel;
 - Affiliates; trainees; students; volunteers; appointees; members of the medical staff; and
 - Any individual whose work duties and functions are performed on behalf of and under the control of the System whether or not they are paid by the System.


NYC Health + Hospitals Principles of Professional Conduct

The following are a few examples of actions that would be considered violations of the POPC and unprofessional or illegal conduct:

- Violating the AKS, FCA, or other fraud, waste and abuse laws;
- Hiring or contracting with persons or entities excluded from participation in Federal health care programs;
- Failing to promptly report and refund, as required by law, any overpayment;
- Violating Chapter 68 of the Charter of the City of New York or NYC Health + Hospitals Code of Ethics;
- Conducting unlawful marketing practices to enroll members into MetroPlus;
- Conduct that leads to workplace safety violations or produces a hazardous environment
- Improperly using confidential or proprietary information;
- Falsely or inaccurately documenting in a medical record;
- Failure to adhere to EMTALA obligations;
- Engaging in workplace misconduct (e.g., conduct discriminatory in nature, or amounts to sexual harassment, or constitutes intimidation as well as any act or threat of violence); and
- Failing to provide care because of a patients' inability to pay for services.

NYC Health + Hospitals Code of Ethics

Because Chapter 68 applies only to City employees, the System promulgated its own "Code of Ethics" which outlines the standards of conduct governing the relationship between private interests and the proper discharge of official duties.

System affiliate personnel (e.g., S.U.N.Y. Downstate, PAGNY, Mount Sinai, and NYU); the personnel of affiliate subcontractors who function as contract service providers at the System, members of the System's Community Advisory Boards and its Auxiliaries, and other personnel not covered under Chapter 68 are subject to the Code of Ethics.



NYC Health + Hospitals Code of Ethics

Similar to Chapter 68, the Code of Ethics embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited. The Code of Ethics establishes a basic set of rules regarding, among other things:

- Gifts;
- Post NYC Health + Hospitals relationship activities;
- Volunteer Activities;
- Use of Confidential or Corporate Information;
- Political Activities;
- Use of Position for Personal Gain;
- Interest in Firms Doing Business with NYC Health + Hospitals; and
- Nepotism.



OP 20-61: Social Media Use

NYC Health + Hospitals recognizes that its workforce members use social media, such as Facebook, Twitter, LinkedIn and other forms of user-generated media, such as wikis, blogs and other online journals and diaries, as well as chat rooms and bulletin boards. OP 20-61 Social Media Use was developed to help workforce members identify and avoid potential issues regarding the use of social media. It includes the following guidance and requirements:

- Workforce members have no right to privacy with respect to any information they transmit, receive, create, access, obtain, view or store on NYC Health + Hospitals' computers, systems and devices;
- Workforce members are advised that NYC Health + Hospitals monitors social media activity;
- The use of social media must not interfere with an employee's work duties and responsibilities;
- Workforce members are prohibited from posting or disclosing private or confidential information: this includes, but is not limited to, patient information or information about NYC Health + Hospitals and its affiliates and vendors;
- Workforce members must comply with the laws governing the use of intellectual property;


OP 20-61: Social Media Use



- Workforce members may not use their NYC Health + Hospitals' email address to register on social networks, blogs or other online tools when participating in social media for non-NYC Health + Hospitals business;
- Workforce members are prohibited from making postings that include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct; and
- When not authorized to communicate in an official capacity, workforce members who identify themselves as working for NYC Health + Hospitals must include a disclaimer that the views expressed are their own (for example: "The postings on this site are my own and do not represent the positions, strategies or opinions of my employer.").

Workforce members must keep in mind that the use of social media is subject to all applicable laws, including the NYC Conflicts of Interest Law, and other NYC Health + Hospitals' OPs, in particular OP 20-60 "Limited Personal Use of HHC Office and Technology Resources."

Section 4
 Privacy & Confidentiality including the
 Health Insurance Portability & Accountability Act
 ("HIPAA")


HIPAA Privacy and Security

HIPAA stands for the **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct of 1996.

The primary goals of this law are to:

- 1) make it easier for individuals to keep their health insurance;
- 2) protect the confidentiality and security of health information; and
- 3) help the health care industry control administrative costs.

HIPAA, among other things, establishes a foundation of Federal protection for protected health information ("PHI"), the purpose of which is to prohibit a covered entity, such as the System, from using or disclosing PHI unless authorized by a patient or otherwise permitted under HIPAA.



HIPAA Privacy and Security



HIPAA applies to covered entities which include:

- Health Plans
- Health Care Providers
- Health Care Clearinghouses

NYC Health + Hospitals is a covered entity because it is a Health Care Provider.

NYC Health + Hospitals MetroPlus is a covered entity because it is a Health Plan.

Note: HIPAA training is mandatory for all workforce members and must be completed within a reasonable time of joining and as determined by policy. Thereafter, HIPAA training will take place when HIPAA rules change, System's Policies and procedures are amended or as the Corporate HIPAA Privacy and Security Officer decides it is necessary.

What is PHI?

PHI is individually identifiable health information (excluding employee records) maintained or transmitted by a covered entity and collected from an individual, and:

- (1) Is created or received by a health care provider, health plan, or health care clearinghouse; and
- (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
 - (i) That identifies the individual; or
 - (ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

PHI may be found in "any form or media, whether electronic, paper, or oral."



What is PHI?

In addition to medical or mental health information, PHI consists of any information that could be used alone or in combination with other information to identify a patient who is the subject of such information.

Any of the following 18 identifiers, when associated with a patient, or the patient's relatives, employer, and/or household members, constitute PHI:

<ul style="list-style-type: none"> • Names • Addresses including Zip Codes • Social Security Numbers • Vehicle Identification Numbers • Account Numbers • Full Face Photos and other comparable images • Telephone Numbers • Fax Numbers • E-mail Addresses 	<ul style="list-style-type: none"> • Biometric Identifiers • Medical Record Numbers • Health Plan Numbers • Elements of Dates • Certificate/License Numbers • Device identifiers and serial numbers • Web URLs • IP Address Numbers • Any Other Unique Identifying Number, Characteristic or Code
--	--

Authorization Requirements

Under HIPAA, PHI may be shared routinely, and without specific approval from the patient, for the purposes of **Treatment, Payment, and Health Care Operations** ("TPO").

While HIPAA may permit the sharing of information for TPO purposes without a patient's authorization, NYS Public Health Law, under most circumstances, does not.

With few exceptions, NYS Public Health Law requires a written patient consent before PHI may be used for **TPO purposes**.

Treatment
The provision, coordination or management of health care services for an individual by one or more health care providers.

Payment
The ways in which a health care provider obtains payment or is reimbursed and how a health plan decides or fulfills responsibilities for coverage.

Health Care Operations
Processes such as: quality assessment and improvement activities; conducting or arranging for medical reviews, audits or legal services; and/or business planning and development.

HIPAA & Patient Rights



HIPAA provides patients with the following eight rights:

1. Right to request limits on the use and disclosure of their PHI;
2. Right to request access to and copies of their medical records;
3. Right to request that their medical records be amended;
4. Right to request a listing of all disclosures of their PHI;
5. Right to request that they not be listed in a patient directory;
6. Right to limit the disclosure of PHI to specific family members or friends;
7. Right to receive a notice of privacy practices ("NPP") that lists all patient rights; and
8. Right to submit a complaint to NYC Health + Hospitals and/or to U.S. Department of Health and Human Services.

HIPAA & Patient Rights

HIPAA Patient Rights Additions:

On January 17, 2013, the HIPAA Omnibus Final Rule was released with such provisions found in the Health Information Technology for Economic and Clinical Health Act ("HITECH") and included additions to protection of patient rights, notice of privacy practices, breach notifications and the liabilities of business associates. Further information will be provided on these topics later in this section.




HIPAA & Business Associates (“BA”)

A BA includes but is not limited to a person, entity, organization, contractor or subcontractor who on behalf of a covered entity through an arrangement creates, receives, maintains, or transmits PHI for a function or activity regulated under HIPAA or who provides consultant services on behalf of the entity that involve the disclosure of PHI.

If a BA needs access to PHI in order to perform a service for NYC Health + Hospitals, a Business Associate Agreement (“BAA”) is required. This agreement explains how the BA may use and disclose the PHI they have access to, and will require them to use safeguards in protecting the PHI. Under HIPAA, additional liabilities for BAs include but are not limited to:

- BAs are now directly subject to the provisions of the Privacy and Security Rules;
- BAs are directly subject to HIPAA Enforcement Rule provisions and they are required to implement many of the Security Rule’s administrative safeguards and are liable for failing to comply with the HIPAA Security Rule;
- BAs must enter into a BAA with their subcontractors. All subcontractors must also have BAAs with their subcontractors; and
- BAs are directly liable for Privacy Rule violations, including impermissible uses and disclosures of PHI and failing to provide breach notification to a covered entity.




HIPAA & Breaches

Under the HIPAA Omnibus Rule, a breach of PHI occurs when there is an unauthorized acquisition, access, use or disclosure of PHI, in a manner not permitted under HIPAA, which compromises the security or privacy of the PHI. A breach is presumed to have occurred unless:

- An exception to a breach applies; or
- A covered entity or business associate can demonstrate, through a risk assessment, that there is a low probability that the PHI has been compromised.

If an exception does not apply, and the risk assessment results indicate that there is more than a low probability that the PHI has been compromised, a breach has occurred and the affected individuals must be notified of the breach without unreasonable delay but no later than 60 calendar days from the discovery of such breach.

A breach is considered to be discovered on the first day that the breach is known or reasonably should have been known to the covered entity or business associate.

A covered entity must also notify HHS of any breach affecting 500 or more individuals. Breaches that affect less than 500 individuals may be logged internally and must be submitted to HHS annually.



☰ Patient Privacy under NYS Law:
New York's Data Breach Law



New York has a breach notification law -- which is similar to the breach notification requirements under HIPAA and HITECH -- that covers individual private information. Specifically, NYS General Business Law ("GBL") § 899-aa requires NYC Health + Hospitals to notify affected individuals (including all New York residents whose private information is breached, including patients and workforce members, consultants, and vendors) when there is a breach of their electronic private information. Private information consists of an identifier, such as a person's name, and either:

1. A social security number;
2. A driver's license or non-driver's ID number; or
3. An account number, credit or debit card number, in combination with any required security code, access code or password that would permit access to an individual's financial account.

☰ Patient Privacy under NYS Law:
New York's Data Breach Law

When a GBL breach occurs, NYC Health + Hospitals must notify:

1. The person whose information is compromised;
2. The NYS Attorney General;
3. The NYS Consumer Protection Board of the New York Department of State;
4. the NYS State Division of State Police; and
5. In incidents involving more than 5,000 New York Residents, major consumer reporting agencies.



☰ Patient Privacy under NYS Law: Patient Information

1

2

Under NYS law, the following information related to the delivery of patient health care services is considered confidential:

- **Patient information**, which is defined as information concerning or relating to the examination, health assessment or treatment of an identifiable individual maintained or possessed by a health care provider who has provided or is providing services for assessment of a health condition or has treated or is treating such identifiable individual. ⓘ
- **Personally identifiable facts, data, or information** obtained in a professional capacity by a physician or other licensed health care professional (e.g., physician assistant, nurse practitioner, occupational therapist, respiratory therapist, physical therapist, pharmacist). ⓘ
- The **medical, social, personal or financial records** of any patient. ⓘ

* For purposes of this training, all of the information described above is hereinafter collectively referred to as "**patient information**."


Patient Privacy under NYS Law: Patient Information

1
2

Patient information may only be disclosed by NYC Health + Hospitals, its workforce, and agents where:

1. authorized by a legislative or other legal exception; AND
2. such a disclosure is permitted in writing by the patient (or other person legally permitted to act on the patient's behalf), OR the purpose of the disclosure - which must be supported by a legal exception under applicable law that would permit such disclosure - is documented in the patient's record along with the name and address of the recipient of the patient information.




Patient Privacy: Sensitive Health Information



Certain health information is considered highly sensitive, such as information relating to substance abuse, HIV/AIDS, mental health and genetic predisposition to disease. The disclosure of such sensitive health information ("SHI") is subject to numerous provisions of heightened statutory and regulatory protection that are, for the most part, unique and particular to the type of SHI being sought for disclosure.

While a full discussion of these fine legal nuances are beyond the scope of this training, the next several slides will review the basics of privacy around SHI.

If you have any questions regarding how to handle SHI, you should:

1. Consult with the HIPAA Operating Procedures series 240 and 250; and
2. Contact the OCC.


Patient Privacy under NYS Law: Patient Information

1
2

Patient information may only be disclosed by NYC Health + Hospitals, its workforce, and agents where:

1. authorized by a legislative or other legal exception; AND
2. such a disclosure is permitted in writing by the patient (or other person legally permitted to act on the patient's behalf), OR the purpose of the disclosure - which must be supported by a legal exception under applicable law that would permit such disclosure - is documented in the patient's record along with the name and address of the recipient of the patient information.




Patient Privacy: Sensitive Health Information
Substance Use Disorder

What is "substance use disorder"?

Under Federal law, Substance Use Disorder is defined as a "cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal".



Click on the tabs below to learn more.

Is confidentiality of substance use disorder records protected under Federal law?

What is required for the disclosure of Part 2 program records?

What are the requirements related to patient consent for the disclosure of Part 2 Program records?

What are the requirements for the Release Pursuant to a Court Order?


Patient Privacy: Sensitive Health Information
Substance Use Disorder

What is "substance use disorder"?

Is confidentiality of substance use disorder records protected under Federal law?

Yes - Federal regulations (more stringent than HIPAA) limit the disclosure of substance use disorder information in the possession of a Federally-assisted 42 CFR Part 2 ("Part 2") program. A Part 2 program means: "(a) An individual or entity (other than a general medical care facility) that holds itself out as providing, and provides, substance use disorder diagnosis, treatment or referral for treatment; or (b) An identified unit within a general medical facility which holds itself out as providing, and provides, substance use disorder diagnosis, treatment or referral for treatment; or (c) Medical personnel or other staff in a general medical care facility whose primary function is the provision of substance use disorder diagnosis, treatment or referral for treatment and who are identified as such providers. NYC Health + Hospitals operates numerous Part 2 programs.



Click on the tabs below to learn more.

What is required for the disclosure of Part 2 program records?

What are the requirements related to patient consent for the disclosure of Part 2 Program records?

What are the requirements for the Release Pursuant to a Court Order?


Patient Privacy: Sensitive Health Information
Substance Use Disorder

What is "substance use disorder"?

Is confidentiality of substance use disorder records protected under Federal law?

What is required for the disclosure of Part 2 program records?

With few exceptions, disclosure of substance use disorder records possessed by a Part 2 program requires:

1. the written authorization of the patient; or
2. court order issued in compliance with 42 CFR Part 2 and applicable State law.



Note that, even with written patient authorization, a 42 CFR Part 2 court order is required to use a Part 2 program record "to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient."



Part 2 Program records are subject to all other restrictions that may be found under State law for patient information including, without limitation, sensitive health information.

What are the requirements related to patient consent for the disclosure of Part 2 Program records?

What are the requirements for the Release Pursuant to a Court Order?


Patient Privacy: Sensitive Health Information
Substance Use Disorder

What is "substance use disorder"?

Is confidentiality of substance use disorder records protected under Federal law?

What is required for the disclosure of Part 2 program records?

What are the requirements related to patient consent for the disclosure of Part 2 Program records?

There are numerous elements that must be present in order for a patient's written consent to be considered valid under 42 CFR Part 2. To ensure compliance with the law, workforce members are only permitted to use a valid System consent form, as approved by the OCC and Office of Legal Affairs, when obtaining written patient consent.

Click on the tab below to learn more.

What are the requirements for the Release Pursuant to a Court Order?


Patient Privacy: Sensitive Health Information
Substance Use Disorder

What is "substance use disorder"?

Is confidentiality of substance use disorder records protected under Federal law?

What is required for the disclosure of Part 2 program records?

What are the requirements related to patient consent for the disclosure of Part 2 Program records?

What are the requirements for the Release Pursuant to a Court Order?

A court of competent jurisdiction may order the release of Part 2 Program records only after determining that good cause is present to justify such a release. To accomplish this, the court must at the minimum "weigh the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services." In addition to the foregoing, there are other requirements that must be met prior to the ordered disclosure; these requirements vary.




Patient Privacy under NYS Law: Sensitive Health Information
Mental Health Information

What are clinical records?

"Clinical records" are records and any other information that each facility (or ward, wing, unit or other part thereof) licensed by the Office of Mental Health ("OMH") and/or the Office of Alcoholism and Substance Abuse Services ("OASAS") which reflect the examination or treatment of patients who suffer from a mental disability. A mental disability means "mental illness, intellectual disability, developmental disability, alcoholism, substance dependence, or chemical dependence." With regard to facilities licensed by OMH, clinical records must also contain "all pertinent information on matters related to the admission, legal status, care, and treatment" of patients.



Click on the tabs below to learn more.

Are clinical records confidential?

Are clinical records received by NYC Health + Hospitals from other entities confidential?

When can clinical records be released?


Patient Privacy under NYS Law: Sensitive Health Information
Mental Health Information

What are clinical records?

Are clinical records confidential?

YES - Under NYS law, clinical records associated with operations licensed by OMH and/or OASAS are confidential and, with a few exceptions, may not be disclosed without patient consent or a court order.



Click on the tab below to learn more.

Are clinical records received by NYC Health + Hospitals from other entities confidential?

When can clinical records be released?




Patient Privacy under NYS Law: Sensitive Health Information
Mental Health Information

What are clinical records?

Are clinical records confidential?

Are clinical records received by NYC Health + Hospitals from other entities confidential?

YES - The confidentiality afforded to clinical records also apply to those clinical records received by NYC Health + Hospitals that initially originate from an entity operated or licensed by OMH or OASAS, and may also include clinical records received by NYC Health + Hospitals that originate from facilities operated or licensed by the Office for People with Developmental Disabilities ("OPWDD").



Click on the tab below to learn more.

When can clinical records be released?




Patient Privacy under NYS Law: Sensitive Health Information
Mental Health Information

What are clinical records?

Are clinical records confidential?

Are clinical records received by NYC Health + Hospitals from other entities confidential?

When can clinical records be released?

With the consent of the patient or client or of someone authorized to act on the patient's or client's behalf, clinical records may be released to persons and entities who have a demonstrable need for such information and who have obtained such consent, provided that disclosure will not reasonably be expected to be detrimental to the patient, client or another.



Clinical records may be released pursuant to an order of a court of record but only upon a finding by the court that the interests of justice for disclosure significantly outweigh the need to maintain the confidentiality of the subject clinical records.

There are some additional exceptions to the confidentiality restrictions of clinical record information. These exceptions can be found under Mental Hygiene Law § 33.13.



☰ Patient Privacy under NYS Law: Sensitive Health Information
Confidential HIV-Related Information



Confidential HIV-related Information

The System must provide confidential HIV-related information training before workforce members have access to this type of SHI. HIV-related information training is part of workforce member orientation and provided at least annually. System facilities must establish and maintain a list of job titles and specific functions within those titles for those authorized to access to this SHI. (i)

What is confidential HIV-related information?

"Confidential HIV-related information means any information, in the possession of a person who provides one or more health or social services or who obtains the information pursuant to a release of confidential HIV-related information, concerning whether an individual has been the subject of an HIV-related test, or has an HIV infection, HIV related illness or AIDS, or information which identifies or reasonably could identify an individual as having one or more of such conditions, including information pertaining to such individual's contacts." (i)

☰ Patient Privacy under NYS Law: Sensitive Health Information
Confidential HIV-Related Information

Release of Confidential HIV-related Information

Under what circumstances may NYC Health + Hospitals release confidential HIV-related information?

With few exceptions, information about a person's HIV testing history or status can only be released pursuant to court order or a written authorization from the patient for disclosure of confidential HIV-related information.

For an authorization to be used to facilitate disclosure, the authorization must be signed by the protected individual (or a person authorized to consent to health care for the individual), must be dated, must specify to whom disclosure is authorized, indicate the purpose for the disclosure, and note the time period during which the release is to be effective. (i)

A general authorization for the release of medical or other information shall not be construed as a release of confidential HIV-related information unless such authorization indicates its dual purpose as a general authorization and an authorization to release confidential HIV-related information. (i)

☰ Patient Privacy under NYS Law: Sensitive Health Information
Confidential HIV-Related Information

Disclosure Special Circumstances

Can confidential HIV-related information be released pursuant to a subpoena?

No - HIV-related information shall not be disclosed pursuant to a subpoena. Only a court of competent jurisdiction may issue an order for the disclosure of confidential HIV-related information. A court may order such disclosure only if one of several strict criteria is met. (i)

Besides disclosure permitted under proper patient consent or by way of court order, are there other exceptions to the prohibition of disclosure of confidential HIV-related information?

Yes - HIV-related information may be disclosed without a patient's consent or a court order. Some permitted disclosures include, but are not limited to, the following:

- To medical professionals if such information is required to render appropriate care to the patient; (i)
- With a general release, a hospital or health care provider may share HIV-related information with a patient's insurance company for payment of care; (i)
- "[A] federal, state, county or local health officer when such disclosure is mandated by Federal or State law"; (i)
- To an executor or administrator of an estate of a deceased patient to the extent that such information is needed to fulfill the responsibilities and duties of the executor or administrator. (i)

☰
Patient Privacy & Workforce Member Responsibilities

NYC Health + Hospitals OPs (240 and 250 series) outline workforce member responsibilities pertaining to the confidentiality and security of patient information in accordance with HIPAA standards. Workforce members may have access to confidential and sensitive patient data information through the course of their work. The following are a few examples of actions that would be considered HIPAA violations:

1. Viewing or accessing information in the medical record for a patient not under your care;
2. Accessing one's own medical record information;
3. Viewing or accessing patient information without a job related necessity simply because you may have system access;
4. Permitting non-authorized workforce members to engage in the care or treatment of a patient (e.g. allowing volunteers, those who have not completed the approved HIPAA training, or non-affiliated or non-System employed personnel to participate in furnishing patient care or treatment, regardless of their qualifications or expertise);
5. Permitting individuals who may not have been properly or fully vetted through the System's workforce member hiring, affiliation, or other similar process (e.g. not credentialed or investigation of background not performed);

☰
Patient Privacy & Workforce Member Responsibilities

6. Disclosing patient information without proper consent, authorization or as permissible under Federal or State law;
7. Sharing or utilizing passwords or other system access information to view or access patient information;
8. Copying or producing information from a patient's medical record for purposes other than those permissible under Federal or State law or System OPs;
9. Photographing patients, patient related conditions, illnesses or symptoms, or patient medical record information without authorization, appropriate electronic means and/or for the purposes not allowed by Federal or State law or System OPs; and
10. Sending emails containing patient medical information or other confidential business information without utilizing secure messaging applications or systems and/or without business justification or necessity.

Workforce members are advised to contact their HIPAA Privacy Officer with any questions or concerns about possible violations as well as to report potential violations.

☰
Data Transmission Security Standards

NYC Health + Hospitals is committed to appropriately maintaining the records it creates and receives in the normal course of its business operations and to ensuring the confidentiality and security of PHI and other confidential information. Accordingly, certain practices are prohibited under current OPs and/or applicable law. Prohibited practices include but are not limited to:

- Transmitting PHI or other confidential information (whether encrypted or not) from either System or personal e-mail accounts to personal e-mail accounts (including oneself) or others or to the System's vendors/business associates or regulatory bodies without authorization and/or using an approved secure method of file transmission; and
- Transmitting or uploading PHI or other confidential information (whether encrypted or not) to non-System operated or contracted cloud or Internet based storage systems (e.g., Dropbox and Google Drive, etc.) without authorization of EITS or OCC.

Under OP 250-19, the following are the approved methods by which confidential information may be transmitted:

- Secure Vendor Gateway ("SVG");
- Secure file transfer protocol ("SFTP") and Third-party SFTP or encryption;
- Virtual Private Network ("VPN"); and
- System approved encrypted e-mail.

Section 5

Specialty Compliance Program Requirements Overview - Accountable Care Organizations ("ACOs") & New York State Department of Health Delivery System Reform Incentive Payment ("DSRIP") Program

ACO Introduction and Overview

An Accountable Care Organization is comprised of a group of doctors, hospitals, and other health care providers, *i.e.*, ACO participants, who come together voluntarily to give coordinated high quality care to their Medicare patients through the ACO.

An ACO ensures that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors; all accomplished by the ACO being accountable for the quality, cost and overall care of its attributed beneficiaries. This improves patient outcomes and reduces the overall cost of care.

NYC Health + Hospitals formed "HHC ACO, Inc." as a subsidiary non-profit corporation on June 8, 2012. The HHC ACO, Inc. is participating in the Medicare Shared Savings Program, which is one of the innovations authorized by the Patient Protection and Affordable Care Act ("PPACA"), enacted in 2010.

Although the ACO currently focuses on Medicare fee-for-service patients, the ACO will drive broader transformation to a higher-performance health system, serving all patients.

Elements of an ACO Compliance Plan

Similar to the Program requirements described earlier in this course, ACOs are required to establish and periodically update a compliance plan that encompasses required elements including:

- 1 Designation of a compliance officer who reports directly to the ACO governing body;
- 2 Establishment of a system to identify compliance problems concerning the performance and operations of the ACO;
- 3 A confidential reporting system that facilitates anonymous reporting of compliance problems by ACO employees, contractors, providers, suppliers, participants, as well as other persons or entities who or that perform ACO related functions;
- 4 The availability of compliance training for ACO employees, contractors, providers, suppliers, participants, as well as other persons or entities who or that perform ACO related functions; and
- 5 A policy and process that mandates the ACO to report "probable violations of law to an appropriate law enforcement agency".

In addition to the five specific ACO Compliance Plan elements, the ACO must have all of the eight elements of an effective compliance program including written policies and procedures, disciplinary policies, and a non-retaliation policy.


Delivery System Reform Incentive Payment ("DSRIP") Program

DSRIP promotes community-level collaborations and focuses on system reforms to achieve a 25 percent reduction in avoidable hospital use over five (5) years. Up to \$6.42 billion dollars have been allocated by NYS to the DSRIP program with payouts based upon achieving predefined results in system transformation, clinical management and population health.

- "OneCity Health" is NYC Health + Hospitals Performance Provider System ("PPS") - providers that form partnerships and collaborate in a DSRIP Project Plan. OneCity Health is required to perform a community assessment of need, identify DSRIP strategies that are most consistent with addressing that need, develop a project plan and implement that Project Plan and monitor milestones and metrics to ensure the implementation is successful.
- OneCity Health is comprised of hundreds of health care providers, community-based organizations, and health systems, and is the largest PPS in New York City. OneCity Health envisions the establishment of a welcoming, accessible, and integrated health delivery system that encourages, supports, strengthens, and protects a state of wellness and healthy living for all.
- OneCity Health participants signed a Master Services Agreement ("MSA") with NYC Health + Hospitals and HHC Assistance Corporation d/b/a OneCity Health Services, as the central services organization.


Elements of an DSRIP Compliance Plan

All DSRIP PPS leads, including NYC Health + Hospitals, are required to maintain compliance programs that focus on the compliance risks and concerns within DSRIP which include:

- 1 Policies and procedures that describe compliance expectations specifically related to the compliance issues involving DSRIP funds.
- 2 Appointing a compliance officer who must be an employee of the PPS lead and shall periodically report directly to the governing body on activities of the compliance program.
- 3 Training and education (on compliance issues and expectations) of all its affected employees, executives governing body members, and "persons associated with the provider" which include performing providers within the PPS Network and those who are eligible to receive DSRIP funds.
- 4 Establishing a process of reporting compliance issues to its Compliance Officer which must include an anonymous and confidential method of reporting.
- 5 Policies and procedures that include disciplinary policies and procedures to encourage good faith participation in the compliance program by all affected individuals.


Elements of an DSRIP Compliance Plan

Continued...

- 6 Development and implementation of a system for routine identification of compliance risk areas.
- 7 Development of a policy of non-intimidation and non-retaliation for good faith participation in the compliance program. PPS Leads will also need to work with their network partners to support compliance with this requirement.
- 8 Development of a system for responding to compliance issues that are raised. A PPS Lead should consider its own willful misuse of DSRIP funds, or false statements made by a PPS Lead or its network providers to obtain DSRIP funds, as examples of compliance issues. The PPS Lead's system must also include a method for prompt corrective action and refunding overpayments.

Section 6

Reporting Compliance Issues, Policy on Non-Retaliation & Providing Compliance Advice

Responsibility to Report Compliance Issues

All workforce members are required to report violations of Operating Procedure 50-1, the POPC, and any applicable laws, rules and regulations to the OCC.



Click on each tab below to learn more.

Failure to Report or Participate in the Corporate Compliance & Ethics Program

Disciplinary Actions

Responsibility to Report Compliance Issues

Failure to report a violation, participate or cooperate with an investigation, be truthful with investigators, preserve documentation and/or records relevant to ongoing investigations, as well as participating in non-compliant behavior or encouraging, directing, facilitating or permitting non-compliant behavior will result in disciplinary action and/or sanction.



Failure to Report or Participate in the Corporate Compliance & Ethics Program

Disciplinary Actions

Responsibility to Report Compliance Issues

Written warnings, suspension and/or termination of employment, contractor or other affiliation may be imposed on those who fail to report compliance violations and/or participate in NYC Health + Hospitals' Corporate Compliance & Ethics Program.

Failure to Report or Participate in the Corporate Compliance & Ethics Program

Disciplinary Actions



Protection Against Retaliation

NYC Health + Hospitals policy "strictly prohibits intimidation or retaliation, in any form, against any individual who in good faith participates in the compliance program."

What Constitutes Retaliation?

Retaliation is a negative action taken by an employer against an individual as a result of the employee performing a protected activity. It refers to any individual who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the individual on behalf of the individual or others.



☰

How Can I Report Potential Noncompliance?

Facility OCC Staff

- Call, write, email or visit a member of the OCC staff at your facility or program. Contact information is available on the Compliance website at compliance.nychhc.org

Office of Corporate Compliance

- Call, write, email or visit the OCC:
 160 Water Street, Suite 1129, New York, NY 10038
 (646) 458-7799
compliance@nychhc.org

*All reports made will be held confidentially to the extent possible under the law. All reports made via the Compliance Helpline may be made anonymously should you choose.

☰

How Can I Report Potential Noncompliance?

Compliance Helpline

- Calling the Compliance Helpline:
1-866-HELP-HHC (1-866-435-7442)

Inspector General's Office

- Contact the Inspector General's Office:
 (212) 676-0942

*All reports made will be held confidentially to the extent possible under the law. All reports made via the Compliance Helpline may be made anonymously should you choose.

☰

What Happens Next?

After noncompliance has been detected...

It must be investigated *immediately*...

And *promptly* correct any noncompliance

➔

Correcting Noncompliance includes:

- Avoiding the recurrence of the same issue;
- Promoting efficient and effective internal controls;
- Protecting patients; and
- Ensuring ongoing compliance with all legal regulatory requirements.

CONGRATULATIONS!

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS COURSE.

PLEASE ENSURE YOU COMPLETE THE POST-TEST AND COMPLETE THE WORKFORCE MEMBER ACKNOWLEDGEMENT