



**MANDATORY VENDOR
COMPLIANCE
TRAINING**

OVERVIEW OF THIS TRAINING

- OMIG Compliance Program Requirements
- Fraud, Waste and Abuse
- The Anti-Kickback Statute
- The Stark Law
- The False Claims Act
- Exclusion Screening
- HIPAA
- Code of Conduct
- Conflict of Interest
- Additional Compliance Related Policies
- Education and Training
- Auditing and Monitoring
- Quiz & Attestation

WELCOME to Brunswick Hospital Center's (BHC) Mandatory Compliance Training for vendors. In order to receive credit for this course you will be required to pass a quiz and complete an attestation.

BHC is committed to fostering a culture of compliance and integrity and to ensuring that all facilities in the BHC system operate at only the highest standards for ethical conduct. This training will provide you with important information regarding BHC's Compliance Program. This training also will cover compliance with laws, rules and regulations that apply to BHC, including the Stark Law and Anti-Kickback Statute and the False claims Act.

Once you have completed this training course, please complete the attached attestation and return it to the Office of Corporate Compliance at mholohan@brunswickhospitalcenter.org

If you have any questions about this training, please contact BHC's Office of Corporate Compliance at 631-789-7227.

OMIG COMPLIANCE PROGRAM REQUIREMENTS



The New York State Office of the Medicaid Inspector General, or OMIG, enhances the integrity of the New York State Medicaid program by:

- Preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program; and
- Recovering improperly expended Medicaid funds while promoting a high quality of patient care.

To assist providers in this effort, the OMIG provides comprehensive guidance related to provider compliance programs, self-disclosure, and Medicaid managed care fraud, waste, and abuse prevention program regulations.

The requirements for an effective Compliance Program as defined by OMIG are shown here.



OMIG COMPLIANCE RISK AREAS FOR HEALTHCARE

Billing/Fraud

Privacy

Quality of Care

Governance

Ordered Services

Medical Necessity

Mandatory Reporting

Credentialing

Contractor, Subcontractor, agent or
independent contract oversight

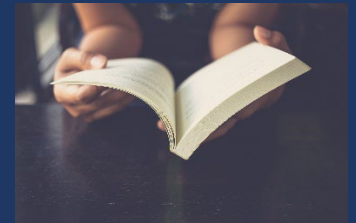
Other Risk Areas

BHC COMPLIANCE PROGRAM OVERVIEW

BHC's Compliance Program is designed to promote compliance with federal and state laws and the rules governing participation in government healthcare programs, such as Medicare and Medicaid.

BHC's Compliance Program incorporates, among other things, elements considered to be essential to an effective compliance program:

- Designated Compliance Officer and Compliance Committee
- Lines of Communication
- Responding to Compliance Issues
- Written Policies, Procedures and Standards of Conduct
- Disciplinary Standards
- Education and Training
- Auditing and Monitoring



COMPLIANCE OFFICER AND COMMITTEE

BHC has a designated Compliance Officer, Michael H. Holohan, Esq, whose primary responsibility is the oversight of the compliance and privacy functions at the hospital.

In addition, BHC maintains a Compliance Committee that is responsible for coordinating with the Compliance Officer to ensure that the required provider is conducting its business in an ethical and responsible manner.

Affected Individuals have an obligation to report or participate in the investigation of any known or suspected non-compliance. Such concerns or complaints should be forwarded immediately to BHC's Office of Corporate Compliance as follows:

- Confidentially by voicemail to the Compliance Officer, Michael Holohan, Esq, at 631-789-7227 (He is the only person with access to this line);
- By visiting the Compliance Department on the 2nd floor;
- By email to mholohan@brunswickhospitalcenter.org;
- By mail at Brunswick Hospital Center, Inc 81 Loudon Ave, Amityville, NY 11701. Attn: Compliance Officer Michael Holohan, Esq

COMPLIANCE OFFICER AND COMMITTEE CONTINUED

It is critical that you immediately notify the Compliance Officer if you believe that there has been a potential violation of:

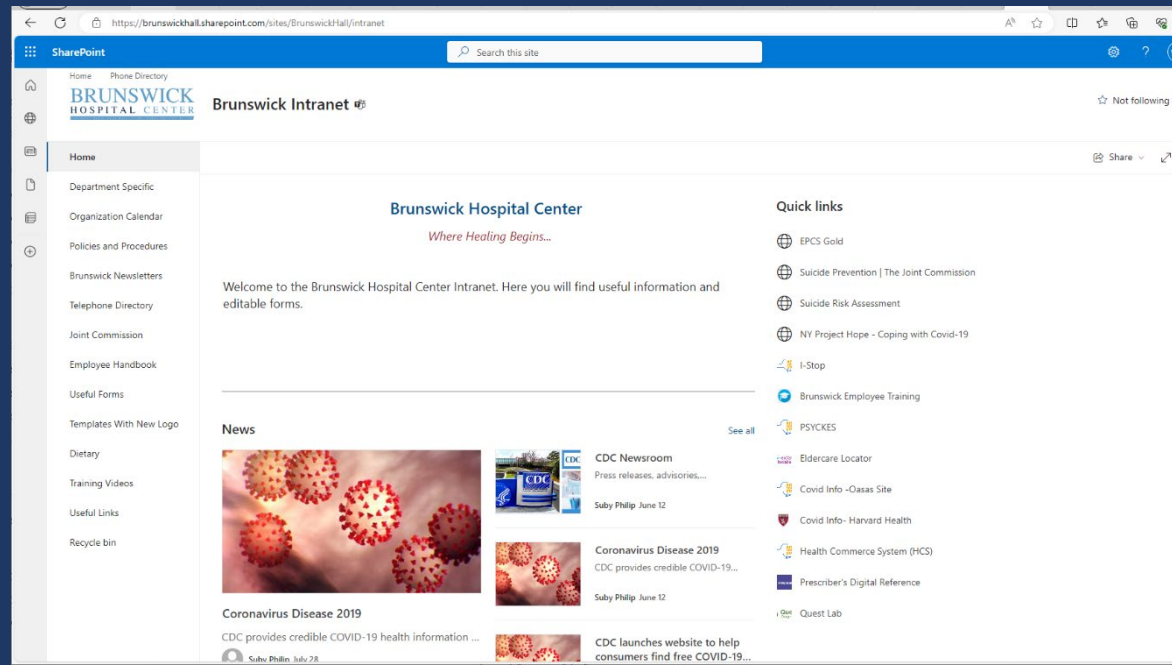
- Your contract with BHC, BHC's Code of Conduct, or any BHC policies and procedures applicable to your contract
- Criminal, civil or administrative laws
- The rules governing participation in any federal or state healthcare program

All reports to Compliance are kept confidential to the extent practicable. A reporter's identity remains confidential and is only released or revealed on a "need to know" basis if required by law including, without limitation, if the matter is subject to disciplinary proceedings or under investigation by a regulatory or law enforcement agency or as subject to disclosure under a legal proceeding. Corrective Action will be taken where necessary.



POLICIES AND PROCEDURES

- BHC policies and procedures function like internal laws that govern the conduct of employees, agents, contractors and other staff (including medical staff).
- Vendors are expected to follow all laws, as well as BHC policies and procedures applicable to the services that are provided.



You can refer to the following materials at BHC that are designed to ensure compliance with applicable laws:

- The Compliance Handbook
- Compliance Policy
- Fraud, Waste & Abuse and False Claims Act Policy
- Privacy and Security
- Code of Conduct Policy
- Conflicts of Interest Policy
- Mandatory Reporting Policy
- Disciplinary Standards Policy
- Anti-Retaliation/Intimidation

FRAUD, WASTE AND ABUSE LAWS



In 2022, the United States Department of Justice collected more than \$2B in False Claims. It is important to know too that government officials are increasingly likely to take executives and other individuals involved in corporate fraud, waste and abuse to Court.

In 2023, Federal and State governmental agencies continued to take an aggressive stance in protecting taxpayer-funded healthcare programs from fraud, waste and abuse.

The law now prohibits the submission of claims for unnecessary services or services that were not actually provided. It also prohibits giving Medicare/Medicaid patients something of value to influence the choice of a specific provider.

ANTI-KICKBACK AND STARK LAWS

The Anti-Kickback Statute (“AKS”) and Stark Law are designed to prevent fraud and abuse that could harm federal healthcare programs and patients.

The AKS and the Stark Law prohibit a variety of financial relationships that would be completely permissible in other industries.

A financial relationship might be illegal even if it does not *feel* or *seem* wrong.

- Even well-intentioned arrangements can violate the law
- Laws emphasize both substance (Is the nature and intent of the arrangement appropriate?) and form (Is the agreement in writing? Does it include required provisions?)

Compliance with laws governing financial arrangements with sources or recipients of referrals is essential to protecting BHC against:

- Significant fines and penalties
- Reputational risk
- Legal costs incurred defending against an investigation

THE ANTI-KICKBACK STATUTE

The AKS prohibits payments or other transfers of value that are *intended* to induce referrals. A relationship will violate the AKS if just *one purpose* is an intent to improperly induce referrals.

The AKS prohibits BHC from “knowingly and willfully” offering, requesting, giving, or taking any “remuneration”—basically, anything of value—in exchange for healthcare business.

Violations of the AKS may result in significant civil and criminal penalties:

- Forfeiture of federal healthcare program reimbursement
- Treble damages under the False Claims Act
 - An underlying AKS violation renders claims *per se* false under the False Claims Act
- Exclusion from federal healthcare programs
- Prison

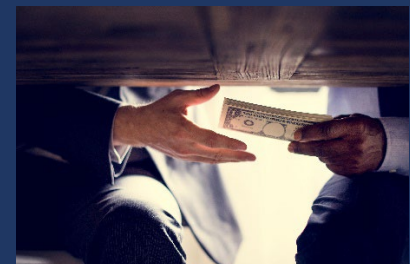


THE STARK LAW

This law prohibits a physician from referring Medicare and Medicaid patients for certain “designated health services” to a facility with which the physician group, physician (or an immediate family member) has a “financial relationship,” unless a specific exception is met.

If a financial relationship violates the Stark Law, *every single Medicare or Medicaid referral for designated health services* that the physician makes to BHC is impermissible and any reimbursement must be repaid. Additional fines and penalties are possible as well.

The Stark Law allows employed physicians to make referrals to their employer so long as certain requirements are met, including that compensation does not take into account the volume or value of referrals.



THE FALSE CLAIMS ACT



A key enforcement law is the Federal False Claims Act (FCA), which prohibits an individual or entity from submitting claims to the Federal Government that they know, or should know, are false, i.e. claims for services that were not provided.

The New York False Claims Act similarly prohibits false claims to the State of New York.

BHC submits claims to both the Federal Government and the State of New York for services provided to patients enrolled in government-funded programs, such as Medicare and Medicaid.

Overpayments on claims should be reported within 60 days from identification to avoid False Claims Act liability and administrative penalties.

If you become aware of an actual or potential overpayment, you should immediately notify the BHC Office of Corporate Compliance at 631-789-7227 so that BHC can promptly determine whether it has received an overpayment and repay same.

FCA CONTINUED

The FCA also contains a “whistleblower” provision that allows people both inside and outside of organizations to report intentional fraud to the government and/or begin a lawsuit.

Whistleblowers receive a percentage of the penalties that are imposed if the lawsuit is won.

The FCA Penalties may include treble damages (up to 3 times the amount of damages sustained by the government as a result of the fraudulent claims), as well as substantial fines per claim.



EXCLUSION SCREENINGS

BHC screens our staff and vendors to ensure they are not on an exclusion list, as excluded providers cannot bill Federal or State health care programs at all.

You must inform BHC's Office of Corporate Compliance immediately if you are excluded from participation in any Federal or State healthcare program.

Failure to do so will result in severe sanctions.

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

HIPAA is a set of rules enacted by the Government that require BHC, its staff, and its business associates to protect the privacy and security of individuals’ “protected health information,” including *individually identifiable health information plus identifiers*.

This law is read in conjunction with other Federal Law in the CFR and the NYS Mental Hygiene Law. The strictest law controls. As healthcare providers, we must only request, use, or disclose, the **minimum necessary** information about a patient in order to complete the task at hand.



It is the responsibility of all employees and vendors to protect the security of our patients’ PHI and prevent disclosures to unauthorized individuals. Any vendor that has access to the PHI of BHC patients is required to sign a Business Associate Agreement which includes requirements for securely handling and storing PHI. Any employee or vendor who becomes aware that PHI may have been improperly disclosed to unauthorized individuals must notify their Supervisor and the BHC Office of Corporate Compliance immediately at 631-789-7227.

CYBER ATTACKS & HIPAA/PRIVACY

Hospitals have seen an unfortunate uptick in cyber/ransomware attacks in which protected information has been compromised by online thieves.

One of the most common ways thieves get access is via phishing, which is the fraudulent practice of sending emails or other messages purporting to be from a reputable company or person in order to induce individuals to reveal personal information.

You can avoid such a scheme by remembering not to open suspicious emails, click on unknown links or visit dubious websites. Also remember to look for incorrect email addresses, grammatical errors, or emails requesting that you complete an urgent task.

If you are the victim of a cyber/ransomware attack, you must notify the Office of Corporate Compliance immediately at 631-789-7227.



CODE OF CONDUCT

BHC maintains Codes of Conduct and Ethics that are supplied to vendors which provide a summary of the standards and expectations of conduct for all. The Code of Conduct articulates BHC's commitment to compliance and summarizes the broad ethical and legal principles under which BHC operates. The Code of Conduct is an essential and required building block of the Compliance Program.



Is it legal?



Does it comply with BHC policies?



Is it the fair and honest thing to do?



Is it in the best interests of our patients and BHC?

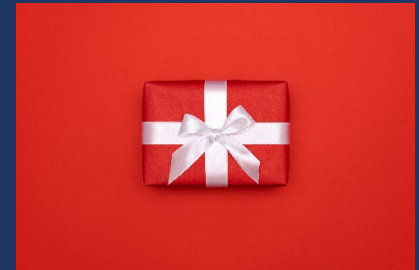


Would you be comfortable if the decision put you on the front page of the news?

If you answered “no” to any question or are unsure, **STOP** and seek help from a Supervisor or the BHC Compliance Officer before proceeding.

CONFLICTS OF INTEREST

BHC maintains policies and practices to prevent potential conflicts of interest. A conflict of interest is a situation in which a person is involved that may have multiple interests, one or more of which could possibly affect the person's motivation or actions. Affected Individuals must refrain from situations creating a conflict of interest. Furthermore, Affected Individuals are strictly prohibited from knowingly and willfully soliciting, receiving, offering, or paying remuneration (including a kickback, rebate or bribe) for referrals for services that are paid, in whole or in part, by a Federal health care program.



ADDITIONAL POLICIES



In addition to internal policies regarding Fraud, Waste & Abuse, The False Claims Act, HIPAA and Patient Privacy, Code of Conduct and Conflicts of Interest, BHC also maintains additional relevant policies pertaining to:

Mandatory Reporting

It is the policy of BHC to fully comply with all Federal, State, and local rules, regulations, mandates as required by the New York Office of Mental Health (OMH), as well as ensure that all employees be educated on the Code of Conduct for working with vulnerable persons and to act as mandated reporters if they witness or suspect an act of abuse or neglect or a significant. The incident management program policy lays out the procedure for reporting.

Disciplinary Standards

Affected Individuals who are in non-compliance with internal policy, and/or applicable laws, regulations, or program requirements are subject to enforcement actions and discipline. Such actions will be consistent with BHC's progressive discipline policies and collective bargaining. Enforcement of the Compliance Program is applied equally and consistently regardless of title, rank, role or position. Actions include, among other things, re-training, counseling, warning or termination of employment, contract or other affiliation with BHC. Affected Individuals who engaged in reckless disregard and purposefully egregious conduct are subject to immediate significant action. Such action/s are reviewed on a case by case basis.

Disciplinary standards with respect to vendors may include measures up to and including reassignment of vendor personnel or suspension or termination of the contract.

Anti-Retaliation/Intimidation

Retaliation is prohibited by law and will not be tolerated in the workplace. BHC maintains a policy that all employees should work without fear or without threat of retaliation if they, in good faith (i.e. holding a genuine belief in the truth of one's allegations), and based on a reasonable belief that the improper conduct has occurred, will act promptly to eliminate the conduct and impose corrective actions as necessary, including disciplinary action when appropriate.

EDUCATION AND TRAINING

General compliance training is provided to all new Personnel and vendors. Ongoing training is provided on an annual basis in compliance with the law.

While BHC will make every effort to provide appropriate compliance information to all Personnel and vendors, and respond to all inquiries, no educational training program, no matter how comprehensive, can anticipate every situation that may arise in regard to compliance. Responsibility for compliance with this Program, **INCLUDING THE DUTY TO SEEK GUIDANCE WHEN IN DOUBT**, rests with each individual.



AUDITING AND MONITORING

BHC actively uses auditing and monitoring processes to assess organization risk and the effectiveness of its Compliance Program and other BHC processes, systems, partnerships and contracts.

In addition, BHC monitors data for inappropriate use /breaches, including all non-business related access to records.

Please keep in mind:



Accessing data as part of your job duties or business-related reason



Accessing data for personal reasons or curiosity

BEST PRACTICES

Other steps you can take to help BHC comply with its obligations under applicable laws and policies include:

- Making sure any coding and billing functions are conducted accurately and in accordance with applicable law, policies, and guidance
- Maintaining accurate, legible and timely records
- Billing only for those goods and services actually provided and medically necessary
- Safeguarding confidential, patient and other private information Protecting BHC trade secrets, competitive and other business information
- Disclosing to your BHC business contact or the BHC Office of Corporate Compliance, any potential or actual conflicts of interest

QUIZ

Question 1: BHC has a Code of Conduct that all personnel, vendors, and contractors are expected to follow?

- True
- False

Question 2: You should report any potential conflict of interest to your BHC business contact and the Office of Corporate Compliance.

- True
- False

Question 3: Which of the following prohibits submission of false or fraudulent claims in order to receive payment from the federal government?

- a) HIPAA
- b) Federal False Claims Act
- c) EMTALA
- d) Federal No Surprises Act

Question 4: Which of the following requires BHC to protect the privacy and security of individuals' health information?

- a) Stark Law
- b) EMTALA
- c) HIPAA
- d) Civil Monetary Penalties

Question 5: Which of the following prohibits payments or other transfers of value that are intended to induce referrals?

- a) Stark Law
- b) HIPAA
- c) EMTALA
- d) Anti-Kickback Statute

Answers are on the next page...

ANSWER KEY

1: True; 2: True; 3: b) Federal False Claims Act; 4: c) HIPAA; 5: d) Anti-Kickback Statute



THANK YOU!

Thank you for taking the time to complete this training course. Please be sure to complete and return the attached vendor training attestation to BHC at mholohan@brunswickhospitalcenter.org

If you have any questions about anything that was discussed in this training, you may contact the Office of Corporate Compliance at 631-789-7227.