



**WEST**  
CANCER CENTER  
& RESEARCH INSTITUTE

partner of  OneOncology™

# Corporate Compliance Training

# What is Compliance Training?

**Compliance training** refers to the process of educating employees on pertinent:

- Laws
- Regulations
- Company Policies



**The Way We Do Business as  
West Cancer Center**



# West Cancer Center

West Cancer Center is committed to conducting business activities in compliance with:

- Federal, State, and Local Laws
- Applicable Regulations
- Company Policies
- Our Code of Conduct



# Our Code of Conduct

- Compliance with applicable laws, rules, and regulations, including federal health care program requirements, as well as with West Cancer Center policies and procedures.
- Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships.
- Prompt internal reporting of violations of the Code of Conduct, West Cancer Center policies and procedures, or any federal health care program requirements.
- The right of all individuals to report suspected violations to West Cancer Center without fear of retaliation.
- Full, fair, accurate, timely, and understandable disclosure in reports and documents with internal and external stakeholders, government agencies, and other public communications.
- Accountability for adherence to the Code of Conduct.



# What are the Benefits of a Compliance Program?

Our Compliance program:

- Encourages honest and ethical behavior
- Fosters patient quality and safety
- Promotes a culture of safety and quality for staff and providers
- Reduces the risk of non-compliance with laws and regulations



# What is Your Responsibility?

- To perform all duties honestly and truthfully
- Don't be involved in any “cover-up” activities
- Always keep the patient and family members' best interests in mind
- Report any activity that is not truthful and honest to your supervisor or use the Compliance Hot Line
- Be accurate and factual in your communication



# We have a Compliance Team at WCC

## Our Compliance Team

- Chief Compliance Officer – Mitch Graves, CEO
- Chief Medical Officer - Dr. Kurt Tauer
- Compliance Advisor - Cheryl Prince, VP-Clinical Integration



**We also have a Compliance Hotline:**

**1-888-394-2306**

- 24 hours-a-day/7 days-a-week
- Confidentiality ensured
- Anonymity possible

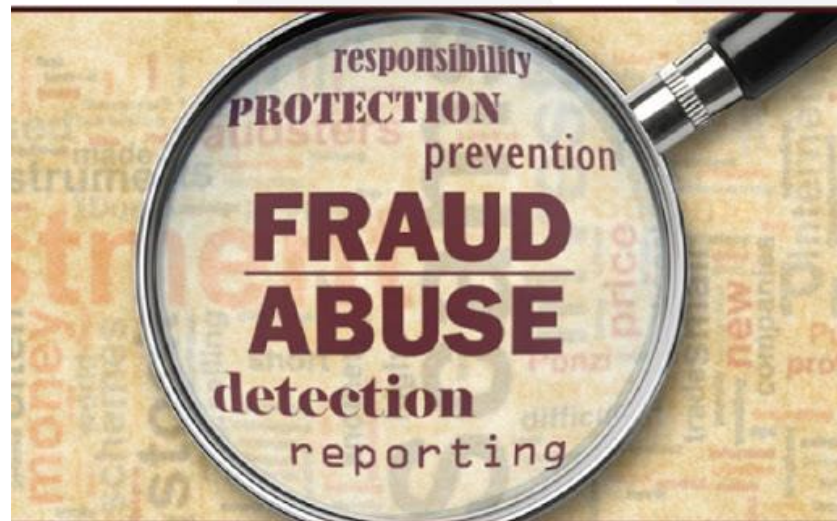


**COMPLIANCE  
HOTLINE**



# What are some examples of reportable Compliance issues?

- Fraud
- False Claims
- Identify Theft and Medical Identity Theft
- HIPAA Violations



# Examples of Violations

- Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Breach
- Insurance Fraud/Abuse
- Identity Theft/Medical Identity Theft
- Medicare/Medicaid Regulations Breach
- Coding and Billing Irregularities
- Inappropriate Gifts or Entertainment
- Kickbacks and Bribes
- Auditing Issues
- Incorrect Provider Credentials
- Questionable Accounting



# Coding and Billing are complicated and can be HUGE problems for Compliance.

- One of the greatest risk areas for healthcare providers' compliance problems
- Must be complete and accurate
- Must represent reasonable and necessary services
- If in doubt... always ask!!!! Don't make it up!



# Examples of False Claims Violations

- Submitting a false claim to the government to obtain payment
- Submitting a claim for medically unnecessary services
- Knowingly making false statements or providing false information to payers
- Falsifying records
- Double-billing for items or services
- Upcoding – Using a billing code, other than the intended code, to receive a greater payment
- Submitting bills for items or services never provided
- Filing a claim for payment in which the services were not rendered exactly as claimed
- Filing a claim for a physician's service, when the service was actually provided by a non-physician



# Identity Theft & Medical Identity Theft

**Identity Theft:** The fraudulent acquisition and use of a person's private identifying information, usually for financial gain

*Example: Opening an account in another's name or using a credit card without permission*

**Medical Identity Theft:** The illegal access and use of a patient's Protected Health Information (PHI) to obtain medical treatment, services, or goods

*Example: Receiving medical care by use of another's insurance information*



# Medical Identity Theft Red Flags



- ID appears altered or forged
- ID photo does not match the person presenting the ID
- Presentation of a Social Security card or number that matches one that is already part of another patient's registration record
- Duplicate demographics, such as another patient has the same name or address on record
- Inconsistencies in the medical history, mismatched patient information, or procedures the physician was not aware the patient received documented in patient files
- Family or friends call the patient by a different name
- Individual presents medical background or information inconsistent with the existing medical record
- Individual is unaware of basic medical information within an existing medical record



# Ask yourself... What information would you want to keep private?

- Name, Address, Phone/Fax Number
- Social Security Number
- Medical Record Number
- Diagnosis
- Medical Information
- Date of Birth
- Admission and Discharge Dates
- Insurance or Payment Information
- Account Numbers
- Certificate/License Numbers
- Electronic Mail Addresses
- Biometric Identifiers – including Finger and Voice Prints
- Full Face Photographic Images and any Comparable Images



# **At West Cancer Center there are several forms of Protected Health Information (PHI)**



Printed



Verbal



Electronic

It is the responsibility of every employee to protect the privacy and security of PHI in ALL forms.



# The Health Insurance Portability and Accountability Act of 1996

## Legislative Purpose

- To allow people to keep their health insurance if they change jobs or move
- Administrative Simplification – Standardized transactions and code sets to facilitate the electronic exchange of:
  - Health Information
  - Insurance Eligibility Information
  - Claims Information
- Electronic Billing
- Protected Health Information (PHI)
  - Access to and protection of medical records



# Definitions

## Covered Entities

- Providers – All healthcare providers that transmit health information in electronic form in connection with a covered transaction
- Health Plans – Health insurance plans, HMOs, PPOs, Medicare, Medicaid, etc.
- Clearinghouses – Individuals or entities who bill or handle health information on behalf of or for providers and health plans
- Business Associates – Contractors who provide services to help with internal operations that require use, access or disclosure of Protected Health Information (PHI)



# Protected Health Information (PHI)

Any individually-identifiable health information that is transmitted or maintained in any form or media including:

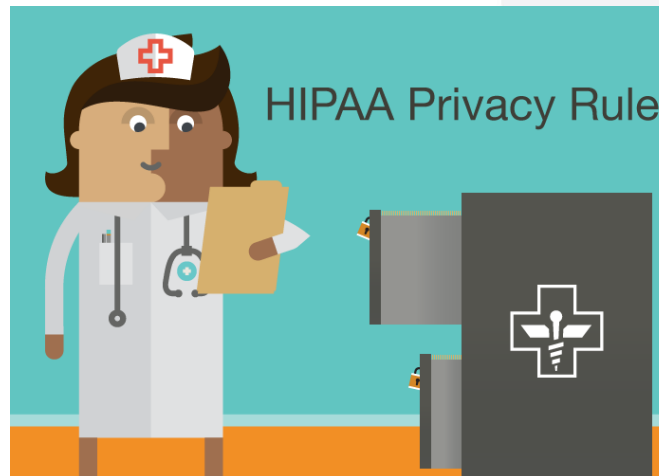
- Any information, oral or recorded in any form
- Related to the physical or mental health of an individual
- Care provided to the individual
- Payment for healthcare provided to an individual

**Summary:** Any information about an individual's health or health plan coverage including the medical chart, billing information and other knowledge about the individual patient/client



# Privacy Rule

- Directs Covered Entities about when they “must” and when they “may” disclose PHI
- Defines patient rights
- Requires reasonable security measures
- Describes administrative responsibilities including what to do if there is a breach of privacy.



# Minimum Necessary Rule

- When using, disclosing or requesting PHI, only use, disclose, or request the **minimum necessary** to accomplish the task (need to know basis).
- Exception: When using accessing or disclosing PHI for treatment purposes.

## Pre-Emption Rule

If other laws also protect patient privacy and don't conflict with HIPAA:

- Follow the law that is most stringent in protecting privacy.
- Follow the law that provides the most generous patient rights.



# “Must” Disclose:

- Secretary of DHHS, if asked (e.g. HIPAA-related investigation)
- Patient, if seeking access to own record (unless it will cause death or serious physical harm)



# “May” Disclose:

- For treatment, payment or operations
- With written authorization
- With opportunity to verbally agree or object
- Without permission as specified\*
  - Required by law
  - For public health activities
  - About victims of abuse, neglect or domestic violence
  - Health oversight activities
  - Law enforcement purposes
  - Decedents
  - Organ or tissue donation



- Research
- To avert threat to health or safety
- Specialized government functions
- Workers’ Compensation

\*Caution: Special rules apply.



# Security Safeguards

Security Safeguards assure patients that we will protect their information from “bad guys” who would attempt to get their PHI for bad purposes. Covered Entities and Business Associates must have administrative, physical, and technical safeguards.



Examples of reasonable safeguards:

- Training for all staff
- Policies and procedures regarding use of personal devices
- Locked record rooms and locked file cabinets
- No charts on desks or left out overnight
- Passwords and encrypted email
- Screen-savers and policies regarding viruses, etc.
- Encryption of business laptops, smart phones, tablets, and other devices



# Patients' Rights



- Privacy and Security Concerns:
  - Vulnerability of Electronic Records
  - Private information being given or sold to third parties
  - Differences in state medical privacy laws
- Privacy and Security Regulations Issued by Department of Health and Human Services (DHHS):
  - HIPAA Privacy Regulations Effective April 17, 2003
  - American Reinvestment and Recovery Act (ARRA) and Health Information Technology for Economic & Clinical Health Act (HITECH) Effective February 17, 2009
    - Interim Regulations HITECH Act – September 23, 2009
    - Final Regulations HITECH Act – September 23, 2013



# Patients' Rights (continued)

- Notice of Privacy Practices
- Requests for special privacy protection or communication of PHI
- Access to PHI
- Amendment of PHI
- Accounting of disclosures

Patients' Rights can be found on Page 1 of West Cancer Center's "Patient & Family Handbook." A digital version of this handbook can be found on our website - [westcancercenter.org](http://westcancercenter.org).



# West Cancer Center's Commitment to HIPAA Compliance

- It is the responsibility of West Cancer Center to protect the privacy and security of PHI in all forms.
- A HIPAA breach occurs when PHI is accessed, disclosed, shared, or used in any way that violates HIPAA regulations. Examples include:
  - Lost or stolen documents, laptops, iPads, cell phones, media devices, CDs, flash drives, etc.
  - Unauthorized electronic access using “malware” such as viruses, worms, spyware (hacking)
  - Email or faxes sent to the wrong address, person or number
  - Message left on the wrong voicemail
  - Information placed on the internet or a social media platform
  - Talking about a patient in a non-confidential manner.
- Prevention is the key to ensuring that HIPAA breaches do not happen.



# Prevent HIPAA Breaches

- Check with your manager if you are unsure about your access to a patient's medical record.
- Always log off a computer when you have completed your work and left the workstation.
- Keep your password confidential.
- Never snoop in a medical record out of curiosity.



# Prevent Breaches when Faxing



- Fax machines used to send or receive PHI or other confidential information must be in secure locations.
- All faxes must have a West Cancer Center fax cover sheet with the approved confidentiality statement.
- Verify the receiving fax number with the intended recipient and confirm that the fax was received.
- If notified that a fax has been received in error, either arrange for the fax to be returned to West Cancer Center or ask the caller to destroy the fax. Document the name of the caller, fax number, date/time, patient name, and type of information on the fax. Complete an Incident Report.



# Prevent Breaches when Using Electronic Storage Devices

- Electronic information must be disposed of through PathForward IT Support.
- Always seek approval from your supervisor before using any portable electronic storage device.
- To safeguard PHI:
  - Use encryption and password protection for laptops, cell phones, and flash drives.



# Prevent Breaches when Using the Internet

- Avoid downloading files that you don't recognize as being from West Cancer Center.
- Avoid opening emails that may be spam (not from a recognized sender).
- Avoid responding to requests for information via email.
- Avoid using similar or easy-to-guess passwords for various devices.
- Change your passwords frequently.
- Don't click on unrecognized links.



# Prevent Breaches when Working with Business Associates or Students

- Business Associates are individuals or companies hired to do work or to provide services for West Cancer Center.
- When Business Associates have access to sensitive information, a written Business Associates Agreement is required of them to protect the information.
- West Cancer Center is committed to the education of future generations of health care providers and requires students to sign an affiliation agreement and confidentiality statement which is signed and kept on file.



# Prevent Breaches on Social Media

- Always protect the privacy of our patients and their family members
- Never discuss patient or patient care events on these sites, even if a name is not mentioned
- Never discuss our patients' families or your coworkers— this violates the trust instilled in us as West Cancer Center associates
- Do not post photographs of patients or other employees
- Social Media Examples:
  - Facebook
  - Instagram
  - Twitter
  - LinkedIn
  - Snapchat



# Prevent Breaches Using Cell Phones, Photographs, and Videos

- At West Cancer Center, taking photographs or videos of patients with personal cell phones is prohibited.
- All photographs taken of patients become part of the medical record and the property of West Cancer Center.
- Never text message any patient information.



# Reporting a HIPPA Breach or Violation

Each West Cancer Center team member is responsible for HIPAA Compliance:

- Perform all duties honestly and truthfully.
- Don't be involved in any "cover-up" activities.
- Always keep the patient and family members' best interests in mind.
- Be accurate and factual in your communication.
- Report any breach or violation to your supervisor or use the compliance hot line and complete an Incident Report.

**COMPLIANCE HOTLINE: 1-888-394-2306**



# Doing What is Right

Sometimes making the right decision for compliance can be difficult or confusing. If you are unsure, ask yourself these simple questions:

- Is this the right thing to do?
- Are my actions legal?
- Does it comply with our Standards, Policies, and Laws?
- Is this in the best interest of West Cancer Center and our patients?
- Am I being fair, honest, and truthful?
- Could my action harm patients, associates, physicians, or others?
- Would I be proud to see it on the news?

If you are ever in doubt or have questions, contact your supervisor or Human Resources.



# Summary

West Cancer Center is committed to conducting operations in a safe, respectful manner consistent with our values and applicable laws. If you are unsure about how to proceed regarding compliance, contact your supervisor, Human Resources or call the **Compliance Hotline (1-888-394-2306)**.



# West Cancer Center & Research Institute

## Compliance & HIPAA Training - Conclusion

This concludes Module 1 – Compliance & HIPAA Training.

This course includes four modules:

- Module 1 – Compliance & HIPAA Training
- Module 2 – Infection Prevention Training
- Module 3 – Safety Training
- Module 4 – Sexual Harassment Prevention

After completing these four modules, you are required to pass a test with a score of 90% or higher. You have three attempts to pass the test, and you may refer back to these modules if needed.

Thank you!

