

# University of Mississippi Medical Center

## COMPLIANCE TRAINING

Presented by the Offices of Integrity and  
Compliance and Information Security and Privacy



# What is 'compliance' and how does it apply to me?

Compliance means conducting our Medical Center affairs in an ethical manner and in accordance with laws, rules, and regulations that are applicable to the health care industry, including health care research.

Compliance is every workforce members' responsibility. As defined in the UMMC Compliance Plan, the term Workforce Member, includes but is not limited to employees, staff, faculty, residents/fellows, students, contractors and others. You are encouraged to become familiar with this definition.

# Why Have a Compliance Program?

- Supports UMMC's Mission and Vision
- Helps to deter fraud and abuse in our health care programs and research
- When we are audited by the Federal government, the program can be utilized as a means to show our commitment to compliance

# The Compliance Plan and Compliance Program

- Code of Conduct
- Organizational structure of the program
  - Committee Structure
  - Organization of the Office of Integrity and Compliance and the Office of Information Security and Privacy
- Auditing/monitoring
- Review and updating
- Compliance policies
- Reporting non-compliance

# Code of Conduct

A Code of Conduct establishes principles and corresponding standards that are essential to governing the business of UMMC and are based on:

- ✓ Common sense
- ✓ Courtesy
- ✓ Legal and ethical standards.

### III. CODE OF CONDUCT

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A Code of Conduct is essential for UMMC to prosper and maintain the desired trust and respect of the UMMC workforce and community at large. Outlined in this Code of Conduct are principles supported by an underlying set of standards used to evaluate situations consistently and arrive at uniform decisions. These principles and standards, essential to govern the business of UMMC, are based on common sense and courtesy along with ethical and legal conduct. It is essential that the entire UMMC Workforce understand these standards and abide by it daily.

#### **PRINCIPLE 1 – Legal Compliance:**

- We shall ensure all activity by or on behalf of the organization complies with applicable laws.
- We shall not solicit, receive, or offer to give anything of value to anyone in exchange for the referral of patients. Bribes or kickbacks of any kind intended to induce patient referrals are prohibited.
- We shall not make false statements or representations to any person or entity to gain or retain participation in a program or to obtain payment for any service.
- We shall submit claims for reimbursement accurately and only for services rendered.
- We shall collect all applicable copayments and deductibles in accordance with policy.
- We shall assure that all practices of write-offs, discounts, or forgiveness of debt are based solely on justifiable business practices and conform to federal and state statutes.
- We shall not enter into any agreements with competitors to share or fix prices.
- We shall maintain complete and accurate health records to support all medical decisions and the necessity for clinical services.
- We shall strive to ensure that our contracts conform to all applicable laws by having them reviewed and approved as required by UMMC policies.
- We shall store, dispense, and transport all drugs and biologicals in accordance with applicable regulations and accepted guidelines.
- We shall adhere to sound environmental and safety practices, including the proper handling of medical or hazardous waste.
- We shall respect our obligations as individuals and as health care providers and neither express nor imply a promise of performance that we cannot reasonably expect to fulfill.

#### **PRINCIPLE 2 – Quality of Care:**

- We shall provide the highest quality of care and deliver services in an ethical, professional manner.
- We shall always treat each patient with dignity, respect, and compassion.
- We shall provide high-quality of care to all patients without regard to race, color, sex, sexual orientation, gender identity or expression, religion, national origin, age, disability, veteran status, or genetic information.
- We shall honor the patients' right to give informed consent. We understand that informed consent is a continuing process and not just a form.
- We shall honor the right of patients, or their legal designees, to participate in decision-making regarding their care. This includes the right to refuse treatment to the extent permitted by law and to be informed of the consequences of such action.

### **PRINCIPLE 3 – Security and Privacy:**

- We shall treat all UMMC information in accordance with applicable legal and ethical standards.
- We shall adhere to all applicable federal and state laws, rules, and regulations concerning the privacy of personal information.
- We shall refrain from revealing any personal or confidential information concerning patients, research participants, or Workforce members unless supported by a legitimate business or patient care purpose.
- We shall ensure that all UMMC information is maintained securely.

### **PRINCIPLE 4 – Valuing the UMMC Workforce:**

- We shall value our Workforce and shall commit to their protection and professional success.
- We shall not retaliate against anyone for reporting, in good faith, a concern related to a workplace behavior or activity, even if the allegation is ultimately found to be unsubstantiated.
- We shall afford all people equal employment and advancement opportunities without regard to race, color, sex, sexual orientation, gender identity or expression, religion, national origin, age, disability, veteran status, or genetic information.
- We shall treat each other with respect, dignity, and fairness. Sexual harassment, sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature that would create a hostile working environment are absolutely prohibited.
- We shall exhibit behaviors that enhance the quality with which we meet the mission of UMMC. Such behaviors include but are not limited to those that help promote quality, integrity, innovation, diversity, and teamwork.

### **PRINCIPLE 5 – Conflicts of Interest:**

- We shall refrain from having business relationships or participating in activities that could be, or appear to be, a conflict of interest, as members of workforce.
- We shall not represent UMMC in any transaction in which we or a member of our immediate family has a financial interest.
- We shall disclose, as applicable under UMMC policy, all business relationships and activities:
  - at the time of hire;
  - after assuming a new role or position at UMMC;
  - in the annual Conflicts of Interest disclosure statement;
  - prior to acquiring a new business relationship, if possible, but if not possible, no less than 15 days from acquiring a new business relationship;
  - at the time of application for public health services funded research; and
  - upon request by Institutional Officials
- We shall abide by and follow the procedures prescribed in the UMMC Conflicts of Interest Policy.

### **PRINCIPLE 6 – Business:**

- We shall conduct all business according to high ethical standards and in compliance with applicable laws, rules, regulations, and contractual obligations.
- We shall protect all information pertaining to our competitive position or business strategies, trade secrets, payment and reimbursement information, and information relating to negotiations with the UMMC Workforce or third parties. We shall share such information only with the UMMC Workforce members that need to know it to perform their job responsibilities.

- We shall ensure that all financial reports, accounting records, research financial reports, expense accounts, timesheets, and other documents accurately and clearly represent the relevant facts or the true nature of a transaction.
- We shall ensure that business transactions with vendors, contractors, and other third parties are transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.
- We shall not solicit tips, personal gratuities, or gifts from patients or vendors.
- We shall not offer or give money, services, or anything of value with the expectation of influencing the decision-making process of any purchaser, supplier, customer, government official, or another person.
- We shall recognize that character is the greatest personal asset in business and give it major consideration in the selection of individuals and companies with whom we do business.
- We shall take no action which would otherwise be suspect merely because it appears to be customary in a particular location or particular type of business activity.
- We shall ensure that information received in confidence is not used for personal gain and divulge no such information with the intent of giving or receiving an unfair advantage in a personal business transaction.

#### **PRINCIPLE 7 – Conduct of Research:**

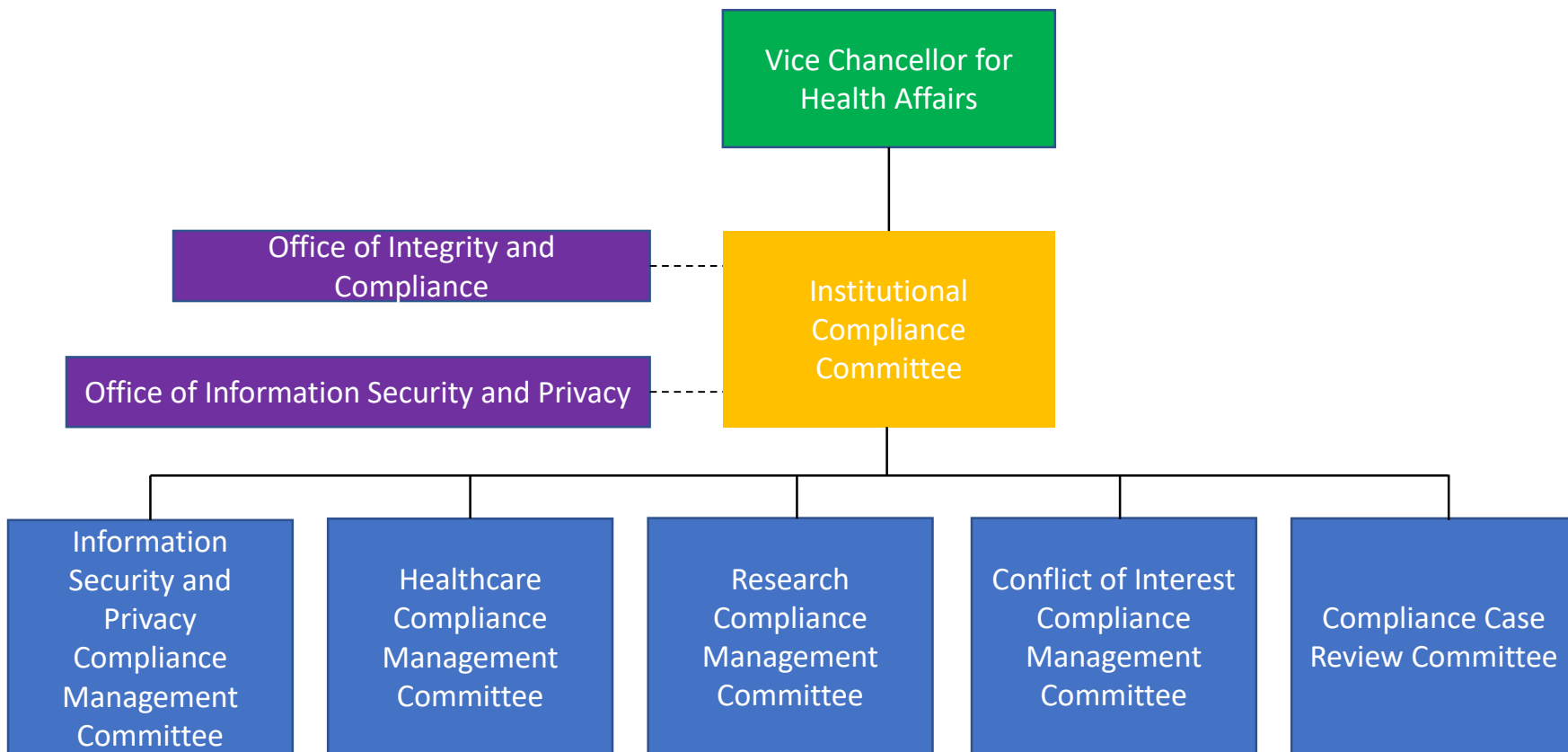
- We shall respect and safeguard the rights and welfare of all individuals with whom we interact professionally, including research participants.
- We shall ensure that potential risks to research participants are minimized to the greatest extent possible and ensure all potential risks are reasonable in relation to the anticipated benefits to the participants and knowledge to be gained.
- We shall strive to minimize the potential pain and distress of research animals by utilizing designs and methods that are consistent with federal guidelines and standards.
- We shall design and conduct research studies with scientific value and ensure research is conducted in accordance with ethical guidelines and standards.
- We shall collect and report scientific research validly and accurately and avoid misrepresenting, fabricating, or falsifying records or results.
- We shall attribute proper credit to colleagues and others who contribute to research when publishing and presenting reports of results and accept co-authorship attribution only when appropriate.

#### **PRINCIPLE 8 – Protection of Assets:**

- We shall strive to preserve and protect the organization's assets by making prudent and effective use of UMMC resources and properly and accurately reporting its financial condition.
- We shall maintain standards and procedures to ensure that assets are protected and properly used.
- We shall treat UMMC property and conduct the business of the institution in the manner designed to further UMMC's institutional interest rather than the personal interest of any individual.
- We shall not use or take any of UMMC's equipment, supplies, materials, or services without authorization.



# Organizational Structure of the Compliance Program



# Fraud and Abuse



# Fraud and Abuse of the Health Care System

Fraud is any intentional deception or misrepresentation made by a person with the knowledge that the deception could result in a benefit to himself, herself, or other person that they did not deserve.

Abuse of the health care system includes any practice not consistent with sound fiscal, business, or medical practices and results in reimbursement for services that are medically unnecessary, or do not meet professionally recognized standards.

Fraud and Abuse results in:

- ✓ Increased costs of healthcare
- ✓ Improper payments
- ✓ Restrictions to patient choice

# Examples of Fraud and Abuse of the Health Care System

## FRAUD

- Intentionally billing for services that were not delivered
- Selling or sharing a patient's Medicare or Medicaid number
- Falsifying information in a patient's medical record, hospital cost reports, or any statements filed with the government.

## ABUSE

- Billing for unnecessary medical services
- Charging excessively for services or supplies
- Misusing codes on claims for medical care.

# Laws and Regulations for Combating Fraud and Abuse



Prohibits the offering, paying, soliciting, or receiving of financial incentives to induce referrals for items or services that can be paid for in whole or in part by a federal healthcare program.

## Anti-kickback Statute

Criminal and Civil Penalties

Prohibits physicians from referring patients to entities, with which the physician or a member of his/her immediate family have a financial relationship, for the provision of providing designated health services.

## Physician Self-Referral Law or “Stark Law”

Civil Penalties

Prohibits a person  
from knowingly  
presenting or causing  
to be presented a false  
or fraudulent claim to  
the government

## False Claims Act

Civil liability



Allows the government to impose monetary penalties against those who knowingly present, or causes to be presented, false or improper claims to state or federal government

## Civil Monetary Penalties

Civil Penalties

Exclusion authority

# Regulators, Major Enforcers, and the Federal Sentencing Guidelines





Office of  
Inspector  
General

Department  
of Justice

State  
Medicaid  
Integrity  
Unit

Health  
Resources  
and  
Services  
Admin

Centers for  
Medicare  
and  
Medicaid  
Services

Office for  
Civil Rights

# Federal Sentencing Guidelines for Organizations

An effective compliance program must have certain attributes. For example, it should require the following:

- *Periodic review and modification of the program*
- *Continued evaluation of risks of impropriety to the entity*
- *That the governing authority be knowledgeable about the content and operation of the compliance program*
- *That individuals, with day-to-day responsibility for program, have access to the governing body.*

# Information Security and Privacy Training

Non-Employee Workforce Members  
2024



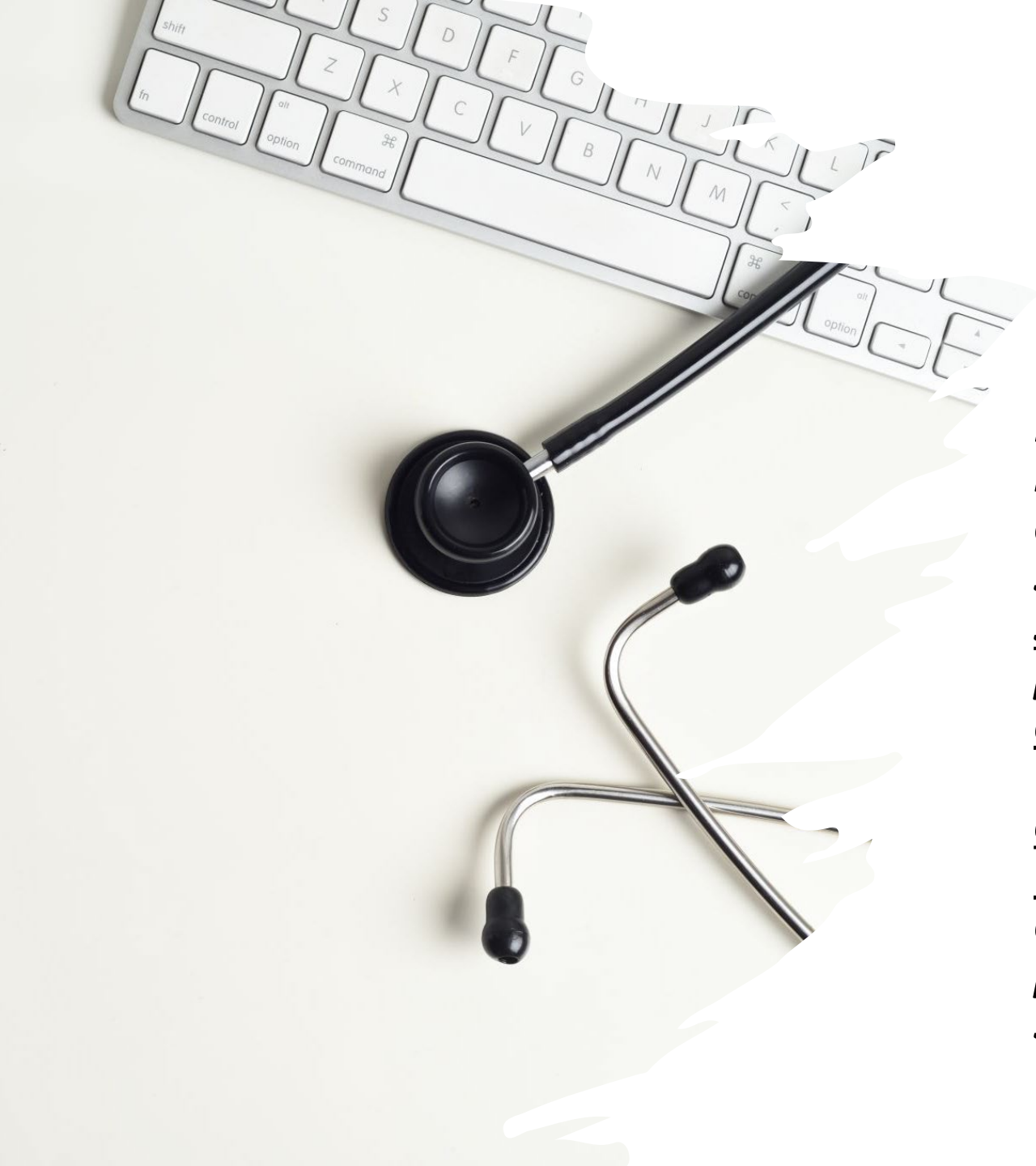


# Training Goals

The purpose of this training is to provide education on the privacy regulations and policies that apply to members of the University of Mississippi Medical Center workforce.

After completion of this training you will:

- Have a basic understanding of privacy regulations and be able to recognize Protected Health Information (PHI),
- Understand the Need-to-Know and Minimum Necessary standards,
- Know when a written Authorization is required to use or disclose PHI,
- Know how to locate UMMC Privacy Policies on the intranet,
- Recognize areas of risk for privacy violations,
- Understand what constitutes a privacy breach and UMMC's reporting obligations, and
- Know your reporting obligations if you suspect a privacy violation.



# Who is the UMMC Workforce?

***Federal and state privacy regulations, including HIPAA, and UMMC Privacy Policies, apply to all UMMC employees (faculty and staff), students, trainees, observers, visiting scholars, volunteers, researchers, and any person who performs assigned duties for or at UMMC, including those who are temporary, and those who are under contractual obligation to perform services for UMMC pursuant to which they will have access to any information that is considered proprietary, confidential or otherwise sensitive in nature.***

# What patient information is protected?

***Federal privacy regulations define Protected Health Information (PHI) as any information, including demographic information, that UMMC creates or receives about a patient relating to the physical or mental health of a patient; the provision of health care to a patient; or payment for a patient's health care.***

***For example, a patient's name and address would not be considered PHI in the city phonebook, but the same information on a UMMC patient list would be protected under the regulations.***



# What rights do patients have regarding their information?

- *Right to access and/or obtain a copy of their medical record*
- *Right to request an amendment to their health information.*
- *Right to receive an accounting of disclosures*
- *Right to request that restrictions be placed on the use of his/her PHI*
- *Right to file a complaint*
- *Right to agree or object to being included in the hospital directory.*
- *Right to request confidential communications.*
- *Right to a Notice of Privacy Practices (NPP)*

# Uses and Disclosures of Patient Information without Authorization

Category	Some Examples Include
Treatment	<ul style="list-style-type: none"><li>• Healthcare staff orally coordinating services at the hospital nursing station</li><li>• The teaching physician or dental instructor discussing a patient's condition during training rounds</li></ul>
Payment	<ul style="list-style-type: none"><li>• Billing patients or their insurance companies for the services received</li></ul>
Healthcare Operations	<ul style="list-style-type: none"><li>• Utilization review activities</li><li>• Teaching of students</li><li>• Performance improvement activities</li></ul>
Public Interest and/or Benefit	<ul style="list-style-type: none"><li>• Required by law</li><li>• Public health</li><li>• Abuse/Neglect reporting</li><li>• Judicial and Administrative proceedings</li><li>• Situations to prevent threats to health and safety</li></ul>



# Uses and Disclosures of Patient Information with an Opportunity to Object

*Patients must be made aware of and given the opportunity to object to information being used and disclosed for:*

- *Facility Directory*
  - *Name, location, and general condition*
- *Disclosures to family members or friends involved in care or payment of services.*
  - *Providers can use judgement if the patient is not present.*

# Uses and Disclosures of Patient Information with Authorization

*Disclosures, other than those previously listed, can be made only if the patient signs an authorization.*

*Psychotherapy notes always require authorization.*

*Authorizations, which are sometimes referred to as consents to release, must contain the necessary core elements and statements before the information can be released. Fulfilling an authorization that does not contain the required core elements and statements is a violation of HIPAA.*

*UMMC has an Authorization form for this purpose.*

*Only authorized employees should disclose patient information.*

Medical Record #: \_\_\_\_\_

**The University of Mississippi Medical Center (UMMC)**  
**Authorization for Release of Health Information**  
\* Forms that are not complete will not be accepted by UMMC. \*

Please select the location for which you authorize to release your protected health information (PHI).

Jackson: 2500 North State Street Jackson, MS 39216       Grenada: 960 J K Avert Drive Grenada, MS 38901  
 Lexington: 239 Bowling Green Road Lexington, MS 39095       Clinic/Other (specify): \_\_\_\_\_

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**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Release Information**

Release to: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**Purpose of Release**

Personal    Legal/Attorney    Insurance    Disability    Continuing Care    School  
 Worker's Compensation    Other (be specific): \_\_\_\_\_

**PHI to be Released**

Format for Release:  Paper    Electronic    View Access as scheduled

Service Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Information Needed By (approx): \_\_\_/\_\_\_/\_\_\_

History & Physical       Laboratory Reports       Physical Therapy Notes  
 Operative Report       Radiology Reports       Occupational Therapy  
 Operative Notes       Radiology Images       Dental Records  
 Progress Notes       ER Report       Entire Medical Record  
 Discharge Summary       Immunization Record      (Does Not Include Images)  
 Other: \_\_\_\_\_

**Sensitive Information Release:** I understand that this health information may include sensitive information. By signing this form, I specifically authorize the release of each initialed sensitive information item:

\_\_\_\_ Substance Abuse Treatment Information      \_\_\_\_ Mental Health Information  
\_\_\_\_ HIV related information (including AIDS related testing)      \_\_\_\_ Genetic Testing  
\_\_\_\_ Other Abuse

**Patient's Rights**

This authorization will expire 6 months from the date of signature. I understand that when I give my permission to release my health information or take my permission away from another facility or person, I must contact that party. If you wish to take your permission away, please send a written notice with signature and date of patient information that was to be released to: UMMC, Attention: Office of Integrity & Compliance, 2500 North State Street, Jackson, MS 39216-4505. The notice should include detailed information as identified in the original authorization request. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by Federal privacy regulations. I understand this form is voluntary and UMMC will not condition my treatment on giving this authorization. I understand that I am entitled to receive a copy of this form after I sign it. I have carefully read and understand the Patient's Rights above, and do herein expressly and voluntarily authorize the disclosure of all the information requested in this authorization including the "Sensitive Information Release". I acknowledge this authorization with my signature below.

Signature of Patient/Representative \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\*\* If this form is being signed on the behalf of a patient's representative, the person signing must document relationship above.  
\*\*\* If the patient listed above is under the age of 18, this authorization form (and any revocation) must be signed by a parent, guardian, or other person acting in loco parentis who has the authority to act on the behalf of other minor. As the person signing for the patient, I, the parent, guardian, party acting as loco parentis, or legal representative warrant that I have the legal authority to act on behalf of the patient and that I am not prohibited by Court order or law from having access to the requested medical records.

Form #1862 Rev. 04/2018

# What is the Need to Know standard?

*Part of protecting our patients' privacy is to ensure that employees access and use only that information which they "need to know" in order to perform their job duties.*

*If an employee does not have a job related reason to know a patient's information, they should not access it.*

*You should only share information about patients with other individuals who also have a need to know.*



# What is the Minimum Necessary standard?

*Each individual should only access, use and disclose information that is minimally necessary to fulfill a job-related purpose.*



# ***How do these standards apply to you?***

***UMMC grants access to information systems on a need-to-know and need-to-share basis.***

***UMMC has a defined designated record set to which HIPAA applies and includes the UMMC Electronic Health Record System - Epic.***



# *Use of Social Media*

*In accordance with UMMC policy, information you obtain by your affiliation with UMMC should never be posted on social media unless you are formally authorized to do so by the Office of Communications and Marketing.*



- *Do not post pictures of patients or patient information on social media such as Facebook, Instagram, or Snapchat unless authorized to do so.*
- *Remember, a patient could be identified even if the name is removed.*
- *A good rule of thumb is to keep professional and private lives separate, and never to post any information about patients on a social media platform.*



***Why is it important for you to be aware of the need to know and minimum necessary standards for accessing or viewing patient information?***

***By law, UMMC is required to have a Sanctions Policy to address privacy violations.***

***Depending on the circumstances and the outcome of an investigation, UMMC may be required to provide your name to the Office for Civil Rights and notify the patient/legal representative of the unauthorized access/use.***

## *What are some examples of inappropriate access?*

- Finding an address to send someone a card or take them a meal
- Checking on the status of someone because they go to church or school with you
- An individual you know lives on the same street
- You don't know how to use Epic, and you are practicing
- You were bored and didn't have anything better to do
- Your kids go to school with the individual
- You want to know if someone is telling the truth about being sick
- You are curious about the patient
- You want to know for personal reasons why someone was in the hospital
- Seeing if there is a photo in the record because the news did not have one

## *Do you know other privacy risk areas which can impact UMMC?*

- Losing patient lists or reports
- Disclosing patient information to those who do not have a need to know (internal or external)
- Posting patient information on social media sites such as Facebook or Snapchat when not formally authorized by UMMC/patient to do so
- Mailing patient information to wrong recipient
- Incorrectly identifying patients at transfer, admission, or check-in
- Faxing or routing information to the wrong recipient
- Giving a patient another patient's After Visit Summary or prescription
- Attaching the wrong guarantor to an account
- Printing patient information to the wrong location



# How to Report Suspected Noncompliance

Online suspected violation report on the OIC's website or utilize the EthicsPoint online reporting system



Call the compliance hotline  
1-877-310-0424



[ComplianceQuestions@umc.edu](mailto:ComplianceQuestions@umc.edu)