



NORTHERN INYO HEALTHCARE DISTRICT  
*One Team. One Goal. Your Health.*

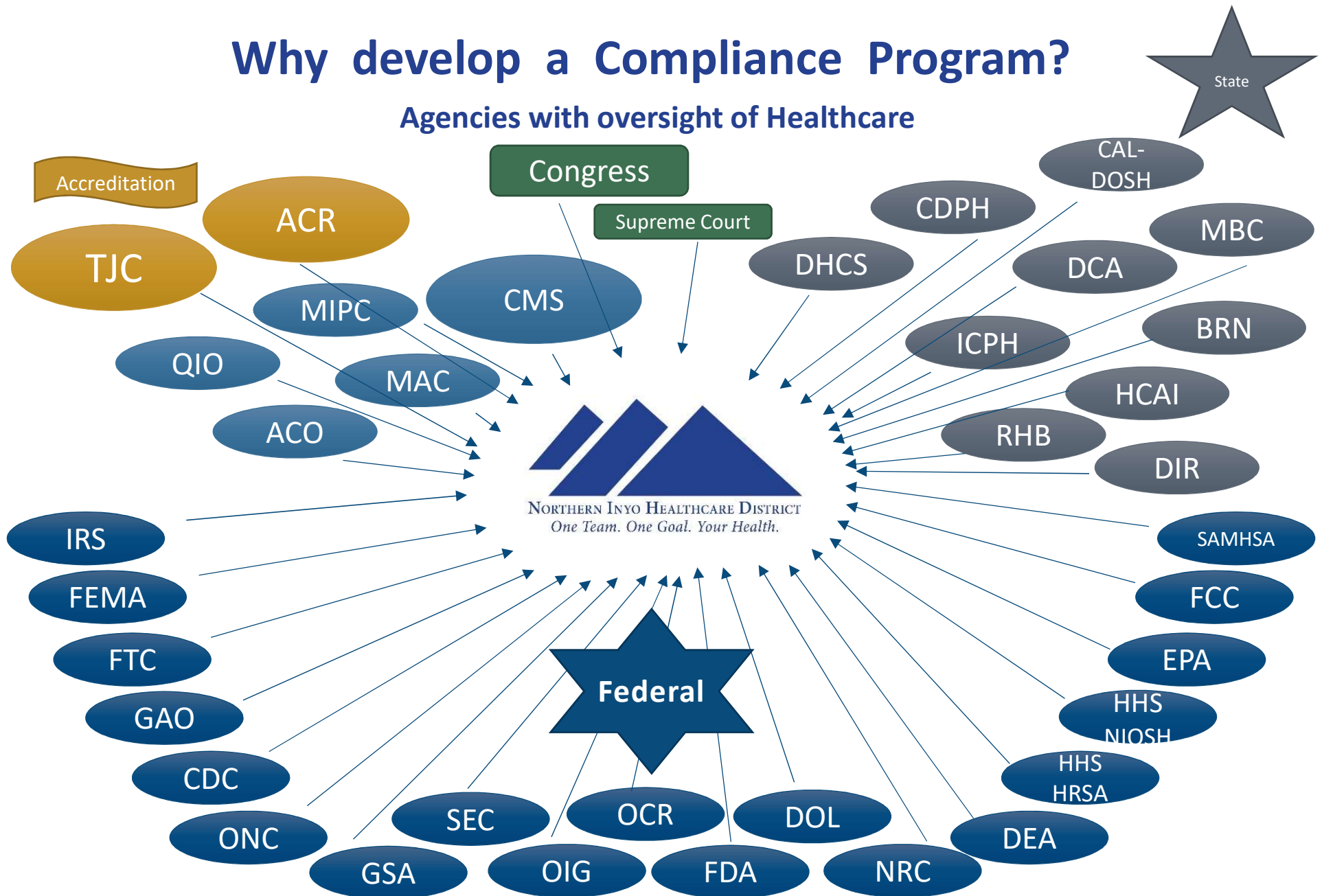
# Compliance

and the role of the

# Board of Directors

# Why develop a Compliance Program?

## Agencies with oversight of Healthcare



So, what is the compliance role of the Board of Directors?

## TWO PRIMARY COMPLIANCE OBLIGATIONS

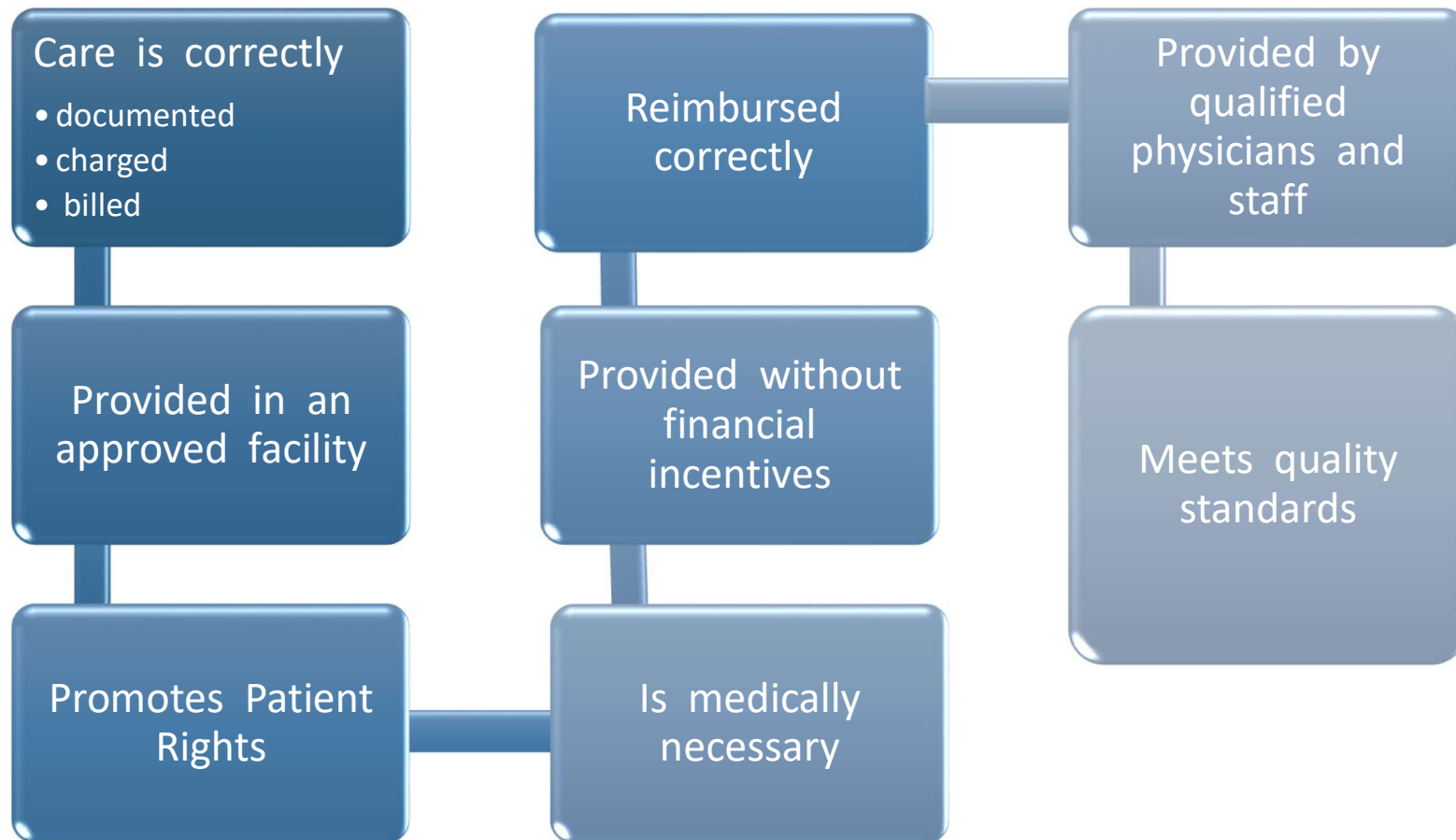
1. High level decision - making function
2. Compliance oversight function



## Compliance Program's Seven Essential Elements

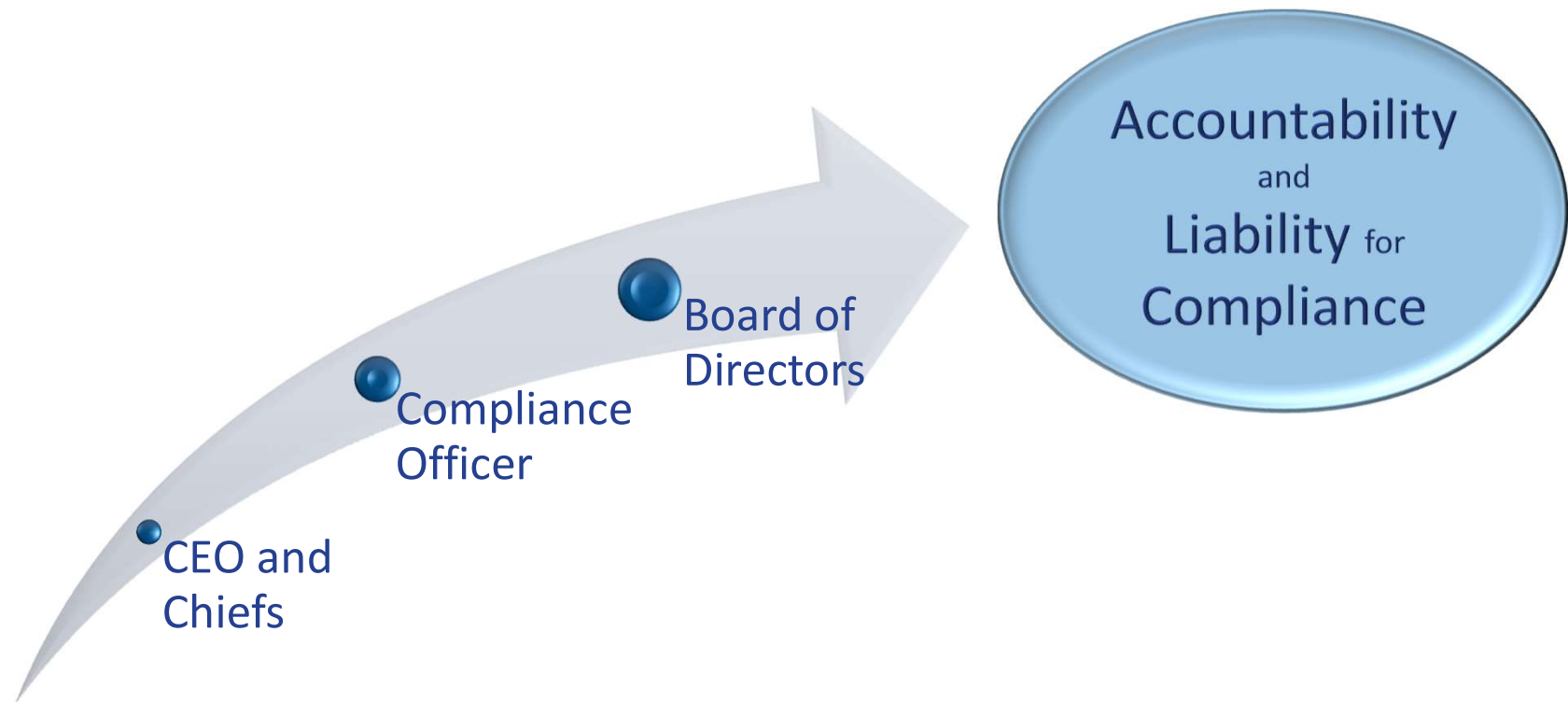


## How compliance, structure, and substantive policy integrates with quality and purpose



# GENERAL COMPLIANCE PROGRAM GUIDANCE

Released November 2023 by Health and Human Services Office of Inspector General



- Mentions Compliance Officer 156 times
- Mentions Governing Board 120 times
- Mentions Senior Leadership 19 times

# Clarification of previous guidance

No new regulations

Role and Independence of Compliance Officer

Specialized Training and Communication

Incentivize Compliance

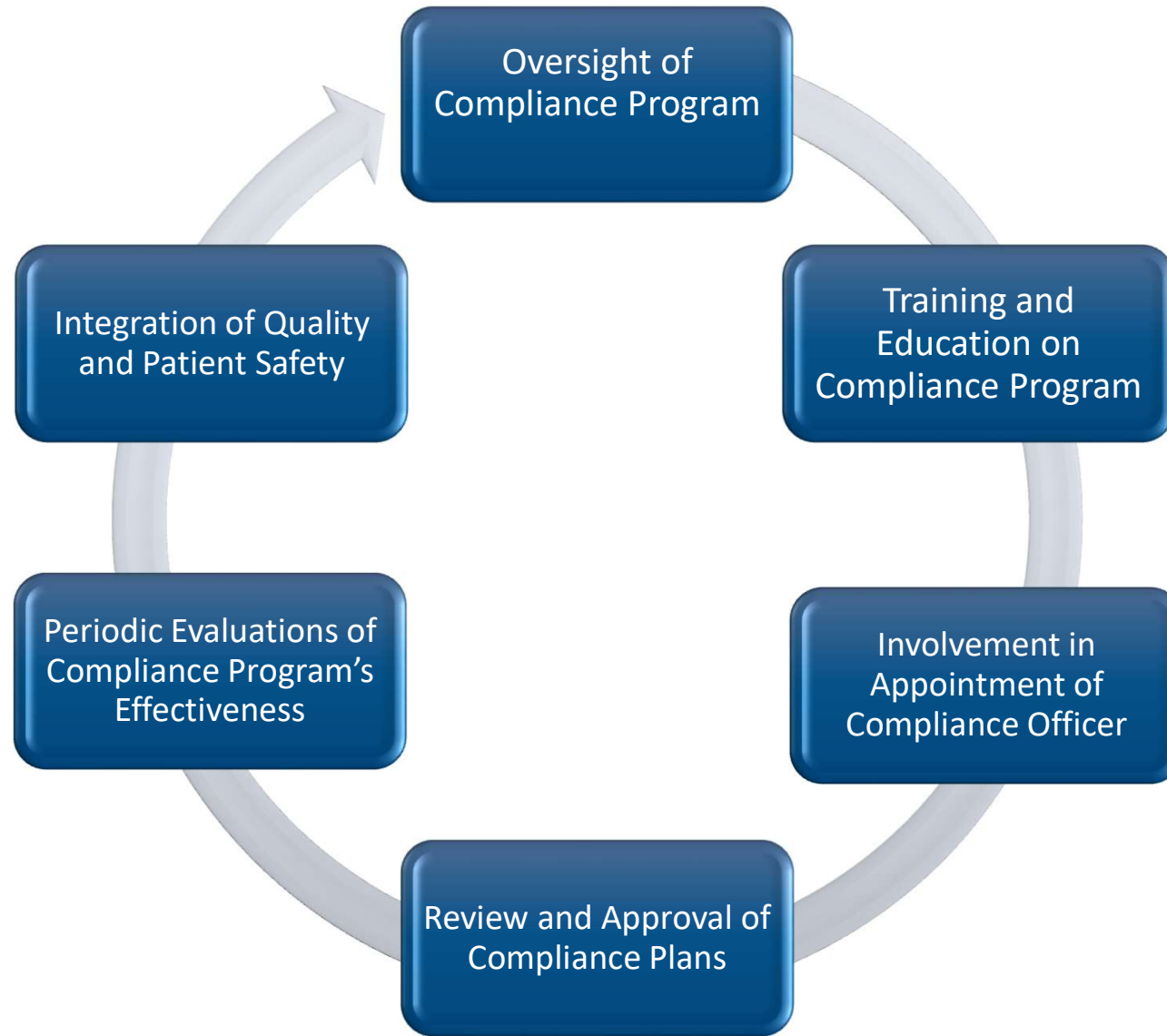
Annual Compliance Risk Assessments

Adaptability of the Program for Entity Size

Focus on Quality and Patient Safety

Fraud, Waste, and Abuse Laws

## Governing Board Oversight Responsibilities





# Federal Laws Highlighted in New Compliance Guidance

Two critical federal regulations aimed at preventing fraud and abuse in the healthcare system:



- **Federal Anti-Kickback Statute**

- Intent based  
Criminal statute
  - Fines, imprisonment, civil monetary penalties up to triple \$ damages, exclusion from Medicare/Medicaid
- Safe harbors
- All referrals involving federal healthcare programs



- **Stark Law or Physician Self-Referral Law**

- No intent required
- Liability only
  - Denial of payment, recoupment of payment, civil monetary penalties, exclusion from Medicare/Medicaid
- Exceptions
- Physician referrals involving CMS services

# Federal Laws Highlighted in New Compliance Guidance

## Privacy and Patient Rights



- **Health Information Portability and Accountability Act**
  - Protects the privacy of individually identifiable health information
  - Sets standards for security of electronic protected health information (PHI)
  - Requires health entities to notify individuals and HHS of a breach of unsecured PHI
  - Applies to healthcare providers, healthcare plans (insurance) and healthcare clearinghouses (billing and claims processors)



### Information Blocking

- Refers to practices that unreasonably limit availability, disclosure, and use of electronic health information
- Eight exceptions fall into “reasonable and necessary activities and activities required by law”

# Federal Laws Highlighted in New Compliance Guidance

- **False Claims Act** – up-coding, down-coding, incorrect coding, requires proof of intent or lack of due diligence
- **Civil Monetary Penalties Law (CMPL)** - OIG can pursue penalties in addition to the fines assessed for fraudulent or abusive conduct.
  - 2x – 4x the penalty.
- **Beneficiary Inducement CMP** – remuneration (or in-kind) that influences a Medicare/Medicaid/CHIP beneficiary's selection for the item or service reimbursed by the federal payor
  - Remuneration examples:
    - “Free or greatly reduced cost for services or supplies”
    - Routine waiver of co-pay or deductible amounts
    - Gifts to beneficiaries that are more than “nominal” in value





NORTHERN INYO HEALTHCARE DISTRICT  
*One Team. One Goal. Your Health.*

Compliance is *everyone's* responsibility!

Confidential Report Line

**1 – 888 – 200 – 9764**

or contact

Patty Dickson, Compliance Officer

760 – 873 – 2022

[Patty.Dickson@NIH.org](mailto:Patty.Dickson@NIH.org)



NORTHERN INYO HEALTHCARE DISTRICT  
*One Team. One Goal. Your Health.*

# Questions ?