

**Sharp HealthCare
2006 Compliance Education
For Students/ Registry**

PART 1: Sharp HealthCare's Commitment to Principles

PART 2: Sharp HealthCare's Corporate Integrity Agreement

Objectives

Upon completion of the program, you will be able to:

- Understand the 2006 Commitment to Principles
- Recognize your responsibility to report compliance violations
- Understand the existence of and obligations under Sharp HealthCare's Corporate Integrity Agreement (CIA) with the Office of Inspector General (OIG).

PART 1: Sharp HealthCare's Commitment to Principles

The Commitment to Principles is Sharp's Code of Conduct for all Employees, Physicians, Volunteers, Vendors and Business Associates. Each year, Sharp HealthCare reviews the Commitment to Principles, and makes changes to keep current with appropriate business practices. As health care professionals, one of the most significant ways we can demonstrate how much we care about those we serve is to visibly display our personal commitment to operating with extraordinary integrity, ethics and morality each and every day.

The Commitment to Principles reinforces Sharp HealthCare's mission and values, and establishes a framework for compliance with all Federal and California laws and regulations.

Principle 1 – Quality of Care

Principle 2 – Professional Ethics

Principle 3 – Conflicts of Interest

Principle 4 – Corporate Assets

Principle 5 – Regulatory Affairs

Principle 6 – Compliance Reporting

Principle 1 – Quality of Care

We are committed to operating with the highest levels of professional, academic and business practices in order to provide high quality care and services.

- We are committed to delivering quality care and services to our patients in a compassionate, respectful and efficient manner
- We treat everyone with respect and dignity
- We offer quality care and services that set community standards and exceed patient expectations

EMTALA

Sharp HealthCare provides every patient seeking medical care at one of our hospitals, regardless of their ability to pay, with an appropriate medical screening exam to determine whether the patient has an emergency medical condition or is in active labor. If the medical screening exam reveals that an emergency medical condition exists, Sharp will provide the patient with the treatment necessary to stabilize the condition.

Principle 2 – Professional Ethics

Day-to-day decisions and actions shall reflect our Mission, our Commitment and our Values. We will conduct business with honesty, fairness and integrity.

Medically Necessary Services

Clear and complete medical documentation and the assignment of appropriate codes are required to ensure that payment is made only for those items or services that are reasonable and necessary.

Principle 3 – Conflicts of Interests

Employees should refrain from activities that create actual or potential conflicts of interests. A conflict of interest is anything that divides an individual's loyalty between the best interests of Sharp HealthCare and those of a patient, supplier, friend, relative, visitor, or competitor.

Examples of conflicts of interests:

- Hiring or contracting with a family member or friend to provide goods or services to Sharp HealthCare.
- Offering or accepting gifts from those doing business or seeking to do business with Sharp HealthCare (except as directed by Sharp HealthCare's compliance policies).

Gifts present certain conflict of interest issues to consider. Sharp defines a “**Gift**” as anything that has an economic value, such as a payment, service or item that has value. Examples include: any favor, tips, gratuities, cash, gift certificates, favorable loans, kickbacks, entertainment, rebate, bribe, tickets to sporting or social events, meals, transportation, education, lodging, or any other consideration of value of any kind provided or received in connection with your position at Sharp HealthCare.

What Is The PhRMA Code?

The PhRMA (Pharmaceutical Research and Manufacturers of America) Code is a guide for relationships between research-based pharmaceutical and biotechnology companies and with healthcare professionals. The Code is recognized by the OIG as a standard in the industry and can be found at <http://www.phrma.org/files/PhRMA%20Code.pdf>.

The PhRMA Code states that items may be offered to healthcare professionals if they are for a nominal value (\$100 or less) and for the benefit of patients. For example, an anatomical model for use in an examination room would be considered a benefit to the patient, whereas a VCR, DVD or CD player does not. Items should only be offered on an occasional basis, even if each individual item is appropriate.

- Items of minimal value may be offered if they are primarily associated with a healthcare professional's practice (such as pens, notepads, and similar “reminder” items with company or product logos).
- Items intended for the personal benefit of healthcare professionals (such as floral arrangements, artwork, music CDs or tickets to a sporting event) should not be offered and should not be accepted.
- Payments in cash or cash equivalents (such as gift certificates) should not be directly or indirectly offered to or accepted by healthcare professionals, except as compensation for bona fide services. Cash or equivalent payments of any kind create a potential appearance of impropriety or conflict of interest.

What's Wrong With a Gift?

Nothing. Except if an item of value is being offered or accepted in return for or to induce the referral of a patient for any service that may be paid by federal or state funded health care programs.

- OFFERED OR ACCEPTED: It does not matter what side you are on.
- ITEMS OF VALUE: The amount of value is irrelevant.
- INTENT: There must *not* be an intent to induce a referral or compensate for a referral.

Problematic Gifts

- Cash gifts to gain favor
- Bribes or kickbacks
- Compensation tied to the number of referrals
- Gifts intended to induce the referral of patients
- Gift certificates

Acceptable Gifts

- Holiday food baskets (if shared with others)
- Promotional marketing materials
- Recognized Healthcare Professional's Weeks
- Gifts that do not induce the referral of patients
- Sharp sponsored events or community fundraisers

What To Do If You Are Unsure?

Call the Compliance Connection "Hotline" 1-800-350-5022 to report inappropriate offerings or acceptance of gifts.

Principle 4 – Corporate Assets

We commit to excellence within our workplace by respecting the dignity of those we serve, protecting the property of the Sharp HealthCare system, and promoting creativity, innovation, and accountability.

- Financial documents must be prepared accurately, honestly and in accordance with established financial and accounting principles and procedures.
- Private use of Sharp HealthCare's assets and resources for personal use or gain is unacceptable.
- Responsibilities include protecting system passwords from use by any other person.

Principle 5 – Regulatory Affairs

In all our business transactions, we will ensure compliance with all statutes, regulations, and guidelines applicable to Federal and California health care programs, and with Sharp HealthCare's own policies and procedures.

Sharp HealthCare fully cooperates with requests for information from government auditors, investigators or other regulatory agency officials. Likewise, Sharp HealthCare is committed to appropriately disclosing violations of law, regulations or requirements under all government or business contracts to applicable governing entities.

Government Business

- Special care must be exercised when dealing with government officials and agencies.
- Sharp employees who work with government business departments are responsible for knowing and complying with applicable laws and regulations.

Laws & Regulations

Submitting false information or false claims to the government may violate laws, such as:

- *Mail and Wire Fraud Statute* – the use of company mail or wire services, such as fax machines, e-mail or telephone systems to transmit false or misleading information constitutes mail or wire fraud.
- *Federal and California False Claims Act* – a false claim is any attempt to obtain money from the government or State of California by knowingly presenting false or misleading information relating to payment from the government. Examples include knowingly recording or processing any information inaccurately, e.g., changing a beneficiary name, or changing dollar amounts on claims.
- *Federal and California False Statements Act* – prohibits a person from making a false or misleading statement or withholding material information in connection with the delivery of services to or payment from the government.
- *Federal and California Anti-Kickback Statute* – Federal and California Anti-Kickback Statutes impose criminal, civil and monetary penalties not only on individuals who offer a kickback, but also on an organization and its staff who solicit/accept such items. A "kickback" is any money, fee, commission, credit, gift, gratuity, thing of value or compensation of any kind, which is provided, directly or indirectly, to any contractor or subcontractor to improperly obtain or reward favorable treatment in connection with a contract.
- *Federal and California Whistleblower Protection Laws* – Both Federal and California whistleblower laws offer protection for whistleblowers from retaliation where their claims could legitimately support a False Claims Act case. California provides a whistleblower hotline to receive calls and

maintain the anonymity of the caller, while the federal government provides confidential forms that can be filled out to report fraud and abuse.

- *Deficit Reduction Act* – The Deficit Reduction Act requires that any health care provider in California receiving at least \$5 million per year must establish internal policies and provide education on whistleblower protections with respect to preventing and detecting fraud, waste and abuse in federal health care programs.

Points to remember if contacted by an investigator:

ASK

- If in person – Ask for identification and business card and make copies of both.
- If by telephone – Ask for and write down his/her name, office address, telephone number and identification number.

CALL the appropriate individuals ASAP:

- Your Manager, Administration, Legal Affairs and the Compliance Department immediately.
- Compliance Department: (858) 499-3138
- Legal Affairs Department: (858) 499-4021

TAKE clear notes and write a list of any documentation presented to the investigator.

TELL

- Tell the representative the truth.
- If you don't know, say you don't know. Don't guess.
- Tell the representative about the location of documents only.
- Tell the representative you would like to have a Sharp representative with you while answering any questions. If appropriate, Sharp can arrange to have a designated individual accompany you.

Principle 6 – Compliance Reporting

Each of us contribute to Sharp HealthCare's continued success of preventing, detecting, and correcting reported violations of the Commitment to Principles, Sharp HealthCare policies, or applicable Federal and California laws. Each Sharp HealthCare employee is responsible for reporting any known or suspected violations. Our success depends on each of us!

How Can You Make a Difference?

- Go the extra mile! It's more than conducting yourself professionally and ethically.
- Be responsible for those around you! Remind others of the Commitment to Principles.
- We are all dedicated to doing the right thing, but it may not occur to us at times to think about our actions in relation to our Commitment to Principles.
- If an issue does not resolve itself, report it!

Who Do You Report It To?

Several resources have been established to help you report compliance concerns.

- Your supervisor, manager or director
- Your entity's Senior Management, Administration or Compliance Liaison
- Corporate Human Resources (858-499-5228)
- The Compliance Officer (858-499-4015) or Privacy Officer (858-499-3027)
- The Legal Affairs Department (858-499-4021)
- Corporate Information Systems Security Administrator (858-627-5256)
- *Compliance Connection Hotline* – if you are unhappy with the results of any of the above, or you prefer to report anonymously, call the Compliance Connection Hotline (800-350-5022)

How Does the Hotline Work?

- Toll free call
- Option to remain anonymous
- Live operators independent of Sharp HealthCare available 24 hours a day, 7 days a week
- Receive a Call Report Number and call back date to track the status of your call

Your Report

- After your call, the operator will prepare a detailed written report.
- Your report is then sent to Sharp HealthCare's Compliance Officer for timely follow up and investigation.

Compliance Resolution

The Compliance Officer, or a member of the Compliance department will follow up on the details of the call. The status, or resolution, is reported back to the Hotline vendor who will relay the information to the caller on the call back date. All details of a call, the report, and any follow up or investigation shall be confidential, except where disclosure is permitted or required by law.

Strict Non-Retaliation Policy

It is the policy of Sharp HealthCare, and Federal and California law that anyone who, in good faith, discloses information by utilizing the compliance reporting process will not be subject to retaliation by anyone at Sharp HealthCare.

Discipline

Disciplinary action may be taken for any of the following situations:

- Participating in actions that violate the Commitment to Principles or Sharp policies
- Failing to report a possible violation of the Commitment to Principles
- Refusing to cooperate in the investigation of a potential violation
- Retaliating against an individual for reporting a potential violation

Your Role

- Dedicate yourself to Sharp HealthCare's Commitment to Principles
- Sharp HealthCare's continued success depends upon your commitment and integrity

Resource Guide

Designed to assist you in guidance for reporting and resolving potential violations:

- | | |
|---------------------------|---------------------------------|
| - Your Manager | - Senior Leadership |
| - Corporate Compliance | - Legal Affairs |
| - Internal Audit Services | - Compliance Connection Hotline |

PART 2: Sharp HealthCare's Corporate Integrity Agreement (CIA)

San Diego Hospital Association (SDHA), Sharp Memorial Hospital, and Sharp Grossmont Hospital have entered into a CIA with the Office of Inspector General (OIG) of the United States Department of Health and Human Services (DHHS) to promote compliance with the Medicare and Medi-Cal health care programs.

Prior to the implementation of this CIA with the OIG, Sharp HealthCare established a corporate compliance program that applied to all Sharp entities and facilities. The CIA accommodates and recognizes many of the elements of Sharp's pre-existing voluntary Compliance Program.

Sharp agrees that during the term of the CIA, it will continue to operate its Compliance Program in a manner that meets the requirements of the CIA. A CIA **mandates** promotion of compliance by Sharp's officers, directors, employees, and contractors with the statutes, regulations, and written directives of Medicare, Medi-Cal, and all other Federal and State health care programs.

The period of the compliance obligations assumed by Sharp HealthCare under the CIA is five years, beginning February 21, 2003.

Sharp shall maintain a Compliance Program that includes the following elements:

- I. Compliance Officer**
- II. Compliance Committee**
- III. Code of Conduct**
- IV. Policies and Procedures**
- V. Education**
- VI. Compliance Hotline**
- VII. Ineligible Persons**
- VIII. OIG Inspection, Audit, and Review Rights**

I. Compliance Officer

The Compliance Officer, Paul Belton, shall be responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the CIA requirements and other Medicare and Medi-Cal health care program requirements.

II. Compliance Committee

The Compliance Committee shall:

- Support the Compliance Officer in fulfilling his responsibilities.
- Assist in the analysis of Sharp HealthCare's risk areas.
- Oversee monitoring of internal and external audits and investigations.

III. Code of Conduct

Sharp shall make the promotion of, and adherence to, the Code of Conduct an element in evaluating the performance of employees. Each year, every employee is required to certify that he or she has read, understood, and shall abide by Sharp's Code of Conduct...our *Commitment to Principles*.

IV. Policies and Procedures

Sharp shall implement written policies and procedures regarding the operation of Sharp's Compliance Program and compliance with Medicare and Medi-Cal health care program requirements.

V. Education

Sharp shall provide at least one hour of general training for all employees annually. This training, at a minimum, shall explain Sharp HealthCare's:

- Existence of a Corporate Integrity Agreement (CIA) and Sharp's obligations there under, and

- Sharp HealthCare’s Compliance Program (including our *Commitment to Principles* and Policies and Procedures).
- Cost Report Education – Specific employees involved in cost reporting activities shall receive at least 4 hours of specific training in addition to the general compliance training.
- Coding and Billing Education – Specific employees involved in coding and billing activities shall receive at least 4 hours of specific training in addition to the general compliance training.

VI. Compliance Hotline

Sharp must maintain a compliance hotline to enable employees to disclose to the Compliance Officer, Paul Belton, any identified or potential issues, violations or questions associated with the *Commitment to Principles*, Sharp HealthCare policies, or applicable Federal and California laws.

The disclosure program shall emphasize a non-retribution, non-retaliation policy, and shall include a reporting mechanism for anonymous communications for which appropriate confidentiality shall be maintained.

The Compliance Connection Hotline number is (800) 350-5022.

VII. Ineligible Persons

An Ineligible Person is an individual or entity who is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Medicare or Medi-Cal programs.

Sharp must ensure that all officers, directors, employees, contractors, and agents of Sharp are NOT ineligible persons. Sharp must screen such Persons prior to engaging their services. If Sharp has actual notice that such person has become an Ineligible Person, Sharp shall remove such person from responsibility for, or involvement with, Sharp’s business operations related to the Medicare and Medi-Cal programs. If you or anyone you know are an eligible person, you are obligated to report it to your supervisor, manager, human resources representative, and compliance department immediately.

VIII. OIG Inspection, Audit, and Review Rights

The OIG may examine or request copies of documents and/or conduct on-site reviews of any Sharp locations to verify and evaluate:

- Sharp’s compliance with the terms of the CIA.
- Compliance with the requirements of the Federal and state health care programs.
- The OIG or its authorized representatives may interview any of Sharp’s employees, contractors and/or agents who consent to be interviewed.
- Employees may elect to be interviewed with or without a Sharp representative present.

**EXAM QUESTIONS
2006 COMPLIANCE EDUCATION
FOR STUDENTS/ REGISTRY**

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DATE:

NAME:	TITLE:
	LICENSE #:

1. If you are contacted by a regulatory agent by telephone, mail, or in person, you should take which of the following steps:
 - A. Bring the matter to the immediate attention of your manager, entity Compliance Liaison, and the Corporate Compliance Department.
 - B. Identify the official by asking for an identification badge and/or business card.
 - C. If you are unsure of how to answer a question, say so.
 - D. All of the above.

2. You are a nurse, and are charting a particular patient's visit based on the physician's diagnosis and treatment plan. The patient, who knows this diagnosis is not covered by her insurance plan, asks you to provide a different (but related) diagnostic code, so that the cost of the treatment will be reimbursed. The physician, in an effort to help the patient maximize her insurance benefits, is going along with the plan. What should you do?
 - A. Ask the physician if the diagnosis accurately reflects the proper treatment.
 - B. Remind the patient of the importance of accurate medical records.
 - C. Report the situation to the Compliance Officer or the Compliance Connection Hotline.
 - D. All the above.

3. True or False. The Compliance Connection Hotline is available to all employees to report compliance issues, and reports can be made anonymously if the caller desires.

4. Which of the following is an example of an appropriate gift:
 - A. Cash gifts to gain favor
 - B. Bribes or kickbacks
 - C. Compensation tied to the number of referrals
 - D. Promotional marketing materials
 - E. Gifts intended to induce the referral of patients

5. The Corporate Integrity Agreement imposed on Sharp HealthCare by the Office of Inspector General of the Department of Health and Human Services obligates mandatory compliance and is for a term of:
 - A. One Year
 - B. Two Years
 - C. Five Years
 - D. Ten Years

6. True or False. As an employee of Sharp HealthCare, I understand that I am required to obtain at least 2 hours of general compliance training on an annual basis.

EXAM QUESTIONS
2006 COMPLIANCE EDUCATION
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7. To report any actual or perceived violation of the Sharp HealthCare Commitment to Principles, which of the following options would be appropriate?
 - A. Contact the President of the American Hospital Association (AHA)
 - B. Contact your manager, Entity Compliance Liaison, Senior Management, Legal Affairs or the Compliance Department
 - C. Call the Compliance Connection Hotline at 1-800-350-5022
 - D. B or C

8. True or False. Adherence to the Code of Conduct is an element in the evaluation of an employee's performance.

9. True or False. Paul Belton is the Compliance Officer for Sharp HealthCare.

10. As defined by the Office of Inspector General of the Department of Health and Human Services, an Ineligible Person is:
 - A. A person who doesn't qualify for Medicare benefits
 - B. A person who is barred from participation with insurance plans
 - C. A person or entity who is excluded or debarred from participation in the Medicare or Medi-Cal Programs
 - D. None of the above
 - E. A, B, and D