



## UNDERSTANDING YOUR COMPLIANCE RESPONSIBILITIES

### **Our Purpose**

As one of the largest nonprofit health care delivery organizations in the country, we are committed to improving the health and well-being of the people and communities we serve through leadership, education, innovation and excellence in medicine.

### **Our Goal**

To be the national model among health care delivery organizations in patient advocacy, clinical quality, medical research, employee satisfaction and financial stability.

## Compliance is Everyone's Responsibility

### What is Compliance?

Compliance means acting in ways that are consistent with applicable laws. The public expects health care providers to be honest, caring and to always act in their patients' best interests. In recognition of this, BJC has adopted a formal Code of Conduct that stresses honesty, integrity and an ethical basis for compliance. Compliance is about doing what is right for our patients and their families, our co-workers, our organization and our profession.

BJC HealthCare is committed to excellence in patient care. The BJC Compliance Program is intended to protect patients to ensure timely access to care and to ensure their health plan benefits are appropriately applied. We expect all health care professionals and other workforce members working and providing services at BJC HealthCare member hospitals or other locations to learn the Code of Conduct and to follow BJC's Compliance Program requirements to ensure acceptable practices at BJC HealthCare.

### How does BJC Manage the Risks?

Health care compliance risks are numerous. BJC manages these risks through the BJC Compliance Plan. The Compliance Plan highlights BJC's framework to prevent, detect, report and correct non-compliance as well as fraud, waste and abuse.

Components of BJC's Compliance Plan include:

- Written policies, procedures and standards of conduct
- A designated Compliance Officer (David Aplington), Executive Compliance Committee and senior level oversight
- Providing effective training and education
- Maintaining effective lines of communication
- Communicating and enforcing disciplinary standards
- Ensuring an effective system for routine monitoring and identification of compliance risks
- Implementing procedures and systems for prompt response to compliance issues

### Fraud, Waste and Abuse

**Fraud** is defined as *intentionally* submitting false or misleading information to the government or a government contractor in order to obtain money or a benefit. Examples include intentionally billing for services not provided or altering claim forms to receive a higher payment. **Waste** includes *overusing* services that result in unnecessary costs. Examples include ordering excessive lab tests or ordering more tests than necessary for treatment. **Abuse** involves unintentionally obtaining payment for items or services to which one is not entitled. Examples include unintentionally miscoding or charging excessively for services. Fraud requires intent to obtain payment inappropriately and the knowledge that the actions are wrong. Waste and abuse involves obtaining an improper payment or incurring unnecessary cost but does not require the same intent and knowledge as fraud.

## Laws Governing Fraud, Waste & Abuse

There are a number of laws to deter and punish those who fraudulently seek to obtain improper payments from government health care programs. Financial penalties for violations of these laws are defined within the Civil Monetary Penalties Law.

**The False Claims Act** establishes financial penalties as well as the possibility of health program exclusion for any of the following:

- Presenting a false claim for payment or approval
- Seeking payment for goods and services that were never provided or were falsely described
- Making or using a false record or statement in support of a false claim, which includes, for example, using incorrect diagnosis codes
- Conspiring to violate the False Claims Act
- Embezzlement
- Knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay the government

**The Health Care Fraud Statute** makes it a criminal offense to knowingly and willfully execute a scheme to defraud a benefit program. Persons who knowingly make a false claim may be imprisoned as well as incur criminal fines.

*See BJC Corporate Compliance Policy No. 7 for more information.*

**The Anti-Kickback Statute** prohibits knowingly soliciting, receiving, offering, or paying remuneration to induce referrals or services

that are covered under a Federal health care program.

Violations are punishable by fines and/or imprisonment.

**The Stark Law** prohibits health care providers from billing for certain designated health services ordered by a physician who is also an owner or investor or with whom the provider has a

non-compliant compensation arrangement.

Providers should be on guard against making or receiving referrals in exchange for anything of value or perceived value.

These include payments in any form such as cash, gifts, discounts or loans in exchange for patient referrals. Doing so may violate federal and state laws. Violations can result in significant criminal and civil penalties and fines.

In addition, individuals may be excluded from participating in Federal or State health care programs as a result of violations of these laws. No payments may be made by these programs for any item or service furnished, ordered, or prescribed by an excluded individual or entity.

### HIPAA & Patient Confidentiality

All BJC workforce members have an obligation to protect confidential information about patients and the status of their health. The HIPAA Privacy & Security Rules require that covered entities establish privacy policies and procedures to ensure appropriate safeguards are in place

for each specific setting to protect patient privacy. HIPAA applies to Protected Health Information, or PHI, in all forms, including, but not limited to written, spoken or electronic. PHI is individually identifiable health information, that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual, including demographic data that relates to:



- the individual's past, present or future physical or mental health condition;
- the provision of health care to the individual;
- the past, present, or future payment for the provision of health care to the individual.

No one should access or disclose private patient information without a job-related purpose or obtaining a HIPAA-compliant patient authorization. Only the patient, the patient's personal representative or those who are directly involved in the patient's treatment, payment or health care operations have the right to view the patient's PHI. Accessing the PHI of family members, friends or well-known people is a HIPAA violation if done without proper authorization or a job-related reason to do so. Everyone who has been granted access to BJC computer systems must keep their password secure. We are required to protect the integrity, confidentiality and availability of electronic protected health information. When sharing or disclosing PHI, the communication should only include the minimum necessary amount of PHI to do the required task and must be delivered in a secure (encrypted) manner to the authorized recipient.

Email: Utilize the BJC Secure Messaging Process within Outlook to encrypt the content of email messages to external email addresses (#bjcsm in the subject line).

Text Messages: PHI or other confidential information should not be included in text messages unless the device has been equipped with the BJC-approved secure messaging application.

Social Media: Do not provide or post confidential information about patients on social media and never leave patient information where unauthorized persons may access it.

With any communication you must:

- Ensure the recipient is authorized to have access to the information.
- Verify the identity of the recipient and confirm that the form of delivery is addressed to the authorized recipient.

Ensure that the recipient understands that the information is confidential and explain to the recipient his/her responsibility to protect the integrity, confidentiality and availability of that information once received.

A breach is defined as "the unauthorized acquisition, access, use or disclosure of PHI which compromises the privacy or security of the PHI." You must report actual and suspected breaches of PHI to the BJC Compliance Department immediately — no later than 24 hours of first becoming aware of the event. You will not be retaliated against for reporting potential breaches.

The agency that enforces the HIPAA Rules is the Department of Health and Human Services, Office for Civil Rights, or OCR. Requests for information from the OCR or any other federal, state or local government agency should be immediately referred to BJC Legal Services or the Corporate Compliance Department to ensure that the response will be accurate, complete and conform to all applicable laws.

We all must remember to protect the privacy of patient information in our daily work. We may all be patients or beneficiaries ourselves from time to time, so we should think about how we would feel in the patient's position. Consider how you would feel if your health information was used or disclosed in a way that was harmful to you or your family. As you go about your daily work, if you have a question about the proper way to handle a patient's information or privacy, contact the BJC Corporate Compliance Department. We must all make protecting our patient's health information a personal responsibility. In doing so, we will not only maintain compliance with HIPAA, but also maintain BJC's reputation for integrity in the eyes of the public and our patients.



## EMTALA

EMTALA stands for the Emergency Medical Treatment and Labor Act. EMTALA requires hospitals with an emergency department to provide an appropriate medical screening examination and emergency stabilizing

treatment, regardless of the patient's ability to pay. The hospital is required to provide necessary stabilizing treatment to the extent it has the resources to provide. In all cases, a transfer should only be made in the best interest of the patient and with the written consent of the patient or the patient's representative.

### **Nondiscrimination in Health Programs and Activities (Section 1557)**

This federal rule builds upon longstanding nondiscrimination laws, provides new civil rights protections in certain health programs and activities, such as prohibiting sex discrimination

in health care settings, and prohibits discrimination based on race, color, national origin, sex, age or disability.

A notice of nondiscrimination must be posted by BJC hospitals and health service organizations (HSOs) in conspicuously public places advising that the HSO does not discriminate on the basis of race, color, national origin, sex, age or disability in our health programs and activities.



Meaningful access to health care must be provided for all individuals. BJC HSOs must inform patients and/or family members who have limited English proficiency or are deaf, deaf-blind and/or hard of hearing that medical interpreter services are available at no charge. Service animals are allowed to accompany people with disabilities in all areas of the facility where the public is normally allowed to go. All individuals must be treated consistent with their gender identity. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance. *BJC Corporate Compliance policy No. 23 explains this grievance process.*

It is against the law for BJC to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

### **Documentation and Coding**

Documentation is the written description of a provider's encounter with a patient. It must be legible, accurate, complete, signed and timed. Coding is the assignment of alphanumeric or numeric codes for billing. Codes can

represent diagnoses, services, supplies and products. Documentation must support the codes used. Accurate documentation and coding is extremely important to our compliance efforts and to BJC's financial stability.

### **Conflicts of Interest**

A conflict of interest occurs when a person's outside interests influence or may give the appearance of influencing his or her professional judgment or job performance in a way that is detrimental to our patients, the organization or the government. Having no conflict of interest is ideal, especially regarding purchasing and patient-care decisions. But in real life, having no conflicts may not be possible. If there is a conflict, or the appearance of a conflict, it must be disclosed to the appropriate level of BJC management and protections (such as recusal for BJC decision-making) implemented to guard against the conflict influencing BJC decisions or actions. *See BJC Corporate Compliance Policy No. 9 for more information.*

### **Gifts and Gratuities**

Workforce members may not accept a gift of cash (including gift cards) from patients, customers, companies doing business with BJC or companies seeking to do business with BJC. *See BJC Corporate Compliance Policy No. 8 for more information.*

### **Equal Employment Opportunity, No Discrimination, No Harassment Policy**

BJC HealthCare is committed to providing a working environment in which its employees are treated with courtesy, respect, and dignity. BJC will not tolerate any action by any person, including vendors, agents, agency staff or other third parties, which constitutes harassment or discrimination.

BJC policy defines "harassment" as any unwelcome verbal or physical conduct that denigrates or shows hostility or aversion towards an employee based on his or her race, color, ancestry, national origin, gender, religion, age, disability, genetic information, military or veteran status or any other legally protected status, if such conduct:

- has the purpose or effect of creating an overall hostile or offensive work environment for an employee or applicant, or
- interferes with an individual's ability to perform his or her job or otherwise affects the individual's employment opportunities.

### **Code of Conduct Acknowledgement**

BJC is committed to demonstrating the reliability, honesty, trustworthiness and high degree of integrity expected of a leading health care organization. To help strengthen this commitment, each workforce member must be committed to understanding and complying with BJC's Compliance Program, including the Code of Conduct, BJC's Compliance and Privacy Policies, and any other applicable BJC policies and procedures.

All BJC workforce members have an obligation to act fairly and honestly at all times. The purpose of the Code

of Conduct is to help workforce members understand what it means to act in a compliant manner in today's increasingly complex and highly regulated health care environment.

BJC compliance policies and documents can help you identify and report situations that you believe violate ethical standards.

*It is your responsibility to report any alleged or suspected violation of any laws, regulations or BJC policies. You should raise any compliance questions or concerns with a supervisor, a BJC Compliance or Privacy Liaison, the BJC Compliance Officer or by using the Ethics & Compliance Hotline.*

*To protect BJC information resources, IS Security Services has implemented a process for workforce members to sign an Access Confidentiality Agreement prior to receiving electronic information access. Any misuse or disclosure of any confidential information (electronic or otherwise) or permitting improper computer access to any unauthorized party may result in irreparable harm to BJC, or its affiliates or patients, and may result in revocation of your access privileges and/or termination of your employment or affiliation with BJC or its affiliates.*

As you go about your daily work, if you have any questions about the BJC Code of Conduct or Compliance Program, contact the BJC Compliance office.

## Compliance Conclusion

Any violation of BJC's business practices or compliance policies will be consistently enforced in accordance with the appropriate policy. Violations include not only a failure to comply with applicable laws and regulations and BJC policies but may also include a failure to detect, timely report, and/or correct any offense. Violations of this policy and/or any law or other BJC policy or procedure related to compliance will result in corrective action in accordance with the appropriate policy, including training or re-training, disciplinary action, or possible termination of your employment or your agreement with BJC.

Failure to comply may also lead to serious consequences for BJC including civil and criminal penalties, exclusion from Federal health programs, or termination of managed care/payer contracts.

We all have a responsibility to obey federal, state and local laws, rules and regulations. We are also responsible to uphold our Code of Conduct, policies and procedures. One of the most important things we can do is to promptly report activities we think may violate one or more of these. We cannot fix what we do not know is broken.

You can report concerns to BJC Corporate Compliance at the phone number or website below. If you are uncomfortable reporting to the Corporate Compliance Office, report the problem on our 24 hour anonymous and confidential Ethics and Compliance Hotline. No one will be subject to discrimination, harassment, or retaliation for bringing forward a good faith compliance issue or concern.

## BJC CORPORATE COMPLIANCE

The Compliance Policies, Code of Conduct, Compliance Handbooks and the ability to report a concern are available at:

[bjc.sharepoint.com/sites/BJCCorporateCompliance](https://bjc.sharepoint.com/sites/BJCCorporateCompliance)

To contact by phone, call **314-362-4855**.

## ETHICS AND COMPLIANCE HOTLINE

**1-800-525-BJC1 (2521)**

[bjc.ethicspoint.com](https://bjc.ethicspoint.com)

