

SUNY DOWNSTATE MEDICAL CENTER

POLICY AND PROCEDURE

No. HIPAA-11

Subject: COMPLIANCE TRAINING

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Privacy of Individually Identifiable Health Information
45 CFR §164.530(b); Deficit Reduction Act of 2006
§6032, Responsibility of Applicants for Promoting
Objectivity in Research for which Public Health Service
Funding is Sought and Responsible Contractors

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I. PURPOSE

The purpose of this document is to outline the Compliance training requirements and the responsibility of DMC workforce members to comply with these training requirements.

II. POLICY

It is DMC's policy to provide Compliance related training, as appropriate for each workforce member's role within the organization, within a reasonable timeframe after the individual joins the workforce. DMC will also provide training to workforce members whose functions have been affected by a material change in the applicable regulations, policies, procedures or requirements within a reasonable time after the material change becomes effective.

III. DEFINITIONS

Compliance Brochures – Code of Ethics and Business Conduct, Compliance Line, Deficit Reduction Act (DRA), HIPAA Pocket Guide and Internal Control Program brochures distributed to promote general compliance awareness.

Corporate Compliance Training Program- Provides training on the coding, documentation and billing requirements for the Hospital, as well as general training on DMC's Compliance program and risk areas.

Deficit Reduction Act (DRA) False Claims & Whistleblower Protections Training Program- Provides an awareness of claims for Federal/ State healthcare programs that can be rendered as false, as well as the mechanisms and protections for reporting a suspected false claim.

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Health Insurance Portability & Accountability Act of 1996 (HIPAA) Training Program- Provides training on the appropriate safeguarding of protected health information (PHI), as well as the permitted uses and disclosures of such information.

Professional Compliance Training Program- Provides training on the coding, documentation and billing requirements for the Professional component of billing to prevent fraud and abuse.

Documentation Integrity Program – Provides training on the Federal & State requirements for documentation in a medical record, as well as Joint Commission accreditation standards and DMC specific policies & procedures on the topic.

Research Compliance: Conflicts of Interest- Provides researchers, support staff and administrative personnel with knowledge about ethical issues and legal requirements with regard to conflicts of interest and research misconduct.

IV. RESPONSIBILITIES

The Office of Compliance & Audit Services (OCAS) is responsible for administering the Compliance training programs. It is the responsibility of DMC workforce members to comply with DMC's training requirements. Workforce members include employees of New York State, University Physicians of Brooklyn (UPB), the Research Foundation (RF) as well as physicians, allied health professionals, residents, interns, fellows, students, trainees, volunteers, consultants, contractors and subcontractors.

Specifically, the following is an outline of the Compliance training courses offered and corresponding workforce members required to complete them:

A. HIPAA: All members of DMC's workforce are required to complete HIPAA training; however, employees who do not have access to patient information do not have to complete the comprehensive online HIPAA program. These individuals are simply required to attend the HIPAA Awareness Video session provided at Hospital Orientation. Alternatively, in the event that such individuals cannot attend the Hospital Orientation, they may complete the HIPAA Awareness training module online. The following departments generally do not have access to patient information:

- i. Academic Affairs;
- ii. Academic Computing Department;
- iii. Administrative Support Services;
- iv. Biochemistry;
- v. Biomedical Communications;
- vi. Cell Biology;
- vii. Continuing Medical Education;
- viii. Downstate Depot;
- ix. Employee Assistance Program;
- x. Engineering;
- xi. Environmental Services;
- xii. Facilities Maintenance & Development;
- xiii. Human Resources/ Labor Relations;
- xiv. Humanities in Medicine;
- xv. Institutional Advancement & Development/Public Affairs;
- xvi. Division of Comparative Medicine;
- xvii. LAMM Pre-School;
- xviii. Linen;
- xix. Management Systems;
- xx. Materials Management;

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- xxi. Medical Library;
- xxii. Microbiology;
- xxiii. Operators/Telecommunications;
- xxiv. Planning;
- xxv. School of Nursing;
- xxvi. School of Radiology;
- xxvii. Security;
- xxviii. Student Affairs;
- xxix. Union Representatives;
- xxx. University Affairs;
- xxxi. University Police;
- xxxii. Volunteer Services.

- B. Professional Compliance Training:** Physicians, Residents, Physician Billing Administrators and Non Physician Practitioners/Midlevel Providers are required to complete this course. Voluntary physicians who do not bill through the hospital/ practice plan are not required to complete this course.
- C. Corporate Compliance Training:** All Revenue cycle personnel including all employees in the Admitting, Outpatient Registration, Health Information Management, Quality Management, Case Management/ Utilization Review, Risk Management, Regulatory Affairs, Hospital Finance & Managed Care Departments are required to complete Corporate Compliance Training.
- D. DRA (Deficit Reduction Act):** All DMC workforce members receive information on DRA compliance. DRA training has been incorporated into the Corporate and Professional Compliance online programs. Workforce members working in departments with no access to patient information, as listed in Section IV.A., will be provided DRA Compliance Brochures at Hospital Orientation. For all other workforce members, the DRA online compliance program is required.
- E. Documentation Integrity:** All workforce members who document in DMC's medical records are required to take this course. This includes physicians, residents, allied health professionals, nursing services, dietary staff, clinical researchers, pharmacy staff, social workers and other staff involved in the review and processing of medical records.
- F. Research Compliance: Conflicts of Interest:** All "Investigators" involved in research related activities must complete this course. Training must be re- taken every four (4) year period. "Investigators" are defined as:
- Investigator:** The project director, Principal Investigator, co-Principal Investigator, personnel who are considered to be essential to work performance or any other person, regardless of title or position, who is responsible for the design, conduct or reporting of research. *The PI is responsible for identifying all Investigators involved in their research activities.* If the role of an individual is unclear and that individual is listed as an Investigator, compliance with all training and filing requirements will be expected.
- Note - Transient staff and trainees, such as medical students, residents and fellows, who may recruit patients and/or collect and handle data under supervision, but are not key to the design, conduct or reporting of research are not considered Investigators for purposes of COI. In addition, staff or trainees who merely implement a protocol developed by an Investigator or enter data into an electronic data capturing system are also not considered Investigators for purposes of COI.*

V. PROCEDURE/GUIDELINES

OCAS utilizes the HealthStream Learning Center online training programs for HIPAA, Professional Compliance, Corporate Compliance, Documentation Integrity, DRA and Conflict of Interest training. These programs incorporate multiple tracks designed to provide appropriate training according to each workforce member's specific role and function at DMC. The programs are available via any computer with Internet access. With the exception of students enrolled with the Colleges of Medicine, Nursing, Health Related Professions and School of Graduate Studies, workforce members are required to complete training within two (2) weeks of receipt of Compliance training information.

The following procedure for Compliance training will be followed:

A. New Employee Training

1. **University Hospital of Brooklyn (UHB) Employees-** Compliance training will be provided at Hospital Orientation, which is conducted on a bimonthly basis.
 - a. Based on the Orientation sign-in sheet, OCAS will add new hires to its Compliance training database. Based upon the individual's role/ function, as documented on the Orientation sign-in, OCAS will determine the required Compliance training programs and will generate a log- on ID and training packet for each individual. The training packet will include:
 - i. An individualized face sheet containing the employee's log- on information, required Compliance training programs and deadline for completion;
 - ii. Compliance Training Instructions Sheet(s);
 - iii. Compliance Brochures, including:
 - DMC's Code of Conduct brochure outlining the ethical conduct expected of workforce members;
 - Compliance Line brochure containing information on the methods available for reporting a suspected legal or ethical violation;
 - DRA brochure providing a summary of false claims information and whistleblower protections;
 - Internal Control Program brochure describing DMC's Internal Control & Audit programs; and
 - HIPAA Pocket Guide containing a summary of DMC's specific HIPAA Privacy policies & procedures.
 - b. OCAS will create a list of those new employees that are not required to complete any of the online training programs. These individuals are simply required to attend the Hospital Orientation program where they will receive Compliance Awareness training via the HIPAA Awareness Video session, OCAS' Compliance Overview PowerPoint Presentation and DMC's Compliance Brochures.
 - c. On the day of Hospital Orientation, OCAS will provide the Compliance Online Training List, the Compliance Awareness Training List and the individualized Compliance training packets to the Institute of Continuous Learning (ICL), the department responsible for conducting the orientation. ICL will distribute the packets to each individual required to complete the online training programs and will obtain signature of receipt on the Compliance Online Training List.. ICL will also obtain proof of attendance at the Compliance Awareness training session via the Hospital Orientation sign in sheet.

- d. On the Monday following Hospital Orientation, ICL will submit to OCAS the Compliance Online Training List (containing the signatures of receipt), the Compliance Awareness Training List and the signed Hospital Orientation attendance sheet. OCAS will review the Hospital Orientation sign- in sheets to ensure that attendees signed the list and either received a Compliance training packet or attended the Compliance Awareness session. For those names for which a signature of receipt was not documented, OCAS will follow up with the respective department administrator and will provide the individual's Compliance training log- on information and completion deadline via an email communication.
2. **University Physicians of Brooklyn (UPB) Employees-** For those UPB employees who do not attend Hospital Orientation, the following procedure will be followed:
 - a. On a monthly basis, the UPB HR Office will provide OCAS with a list of new employees hired during the preceding month. This list will include the employee name, department and job title and whether there is access to patient information.
 - b. OCAS will review the list against its Compliance training database to ensure that the individuals have been captured.
 - c. For those names not listed as complete in the Compliance training database, OCAS will generate log- on ID's and communicate the individual's training information with the respective department administrator via an email communication.
 3. **Research Foundation (RF) Employees-** For those RF employees who do not attend Hospital Orientation, the following procedure will be followed:
 - a. On a monthly basis, the RF Personnel Office will provide OCAS with a list of new employees hired during the preceding month. This list will include the employee name, department, job title and whether there is access to patient information.
 - b. OCAS will review the list against its Compliance training database to ensure that the individuals have been captured.
 - c. For those names not listed as complete in the Compliance training database, OCAS will generate log- on ID's and communicate the individual's training information with the respective department administrator via an email communication.
 4. **Temporary Agency Personnel-** Temporary Agency personnel are required to complete the relevant Compliance training programs before the start of their assignment at DMC.
 - a. Prior to appointment of the temporary personnel, the Agency will contact OCAS for training log-on information. Log-on ID number and Instructions Sheets will then be distributed to the individual by the Agency and immediate completion of the Compliance courses will be required of all appointees.
 - i. Temporary Agency personnel will submit - with their request for log-on information - the details of any professional licensure or certifications held by the individual to be appointed.
 - b. The Departments of Human Resources (HR) will collect transcripts or completion certificates as proof of completion for all programs before the temporary individual is sent to the assignment location. HR will maintain the completion documentation in the HR partial temporary personnel file.

5. **Locum Tenens & Voluntary Physicians-** Locum tenens and voluntary physicians who receive full DMC Medical Board privileges are required to complete DMC's HIPAA, Professional Compliance and Documentation Integrity training programs. Such physicians will be captured via a monthly report provided by the Medical Board to OCAS that delineates all physicians who have received full clinical privileges. Locum tenens and voluntary physicians who do not receive Medical Board privileges will not be required to complete DMC's training. Rather, such individuals will be required to comply with HIPAA under their individual covered entity status or via a business associate agreement, as applicable.
6. **External Voluntary Clinical Researchers-** External researchers who are involved in human subjects research will comply with the IRB's training policies as outlined on the IRB website (<http://research.downstate.edu/irb/irb-training.html>). All training of other investigators associated with the study will be coordinated by the Principal Investigator (PI). The PI will be responsible for ensuring that all members of their team are trained in HIPAA rules and regulations.
7. **Resident Training-** Residents are required to complete DMC's HIPAA, Professional Compliance and Documentation Integrity training programs or provide acceptable documentation of training completed at another institution (see below for acceptable documentation – applicable to HIPAA and Professional Compliance Training ONLY).
 - i. On an annual basis, incoming residents will receive a Compliance training packet at the Graduate Medical Education (GME) Orientation. The Compliance training packet will include the following:
 - a. Individualized label containing the resident's log- on information and required Compliance training programs (HIPAA, Professional and Documentation Integrity);
 - Residents who recently completed one or more Compliance training program(s) as a student in the College of Medicine will not be required to complete the program again.
 - b. Compliance Training Instructions Sheet containing a two (2) week training compliance deadline;
 - c. DMC's Code of Conduct brochure outlining the ethical conduct expected of workforce members;
 - d. Compliance Line brochure containing information on the methods available for reporting a suspected legal or ethical violation;
 - e. DRA brochure providing a summary of false claims information and whistleblower protections;
 - f. Internal Control Program brochure describing DMC's Internal Control & Audit programs; and
 - g. HIPAA Pocket Guide containing a summary of DMC's specific HIPAA Privacy policies & procedures.
 - ii. Program Directors may opt to train their residents via a lecture- style presentation for HIPAA training only, in lieu of the online training program. It is the responsibility of the Program Directors to contact OCAS to schedule such a presentation and to ensure its residents are in attendance at the training session. Residents that do not attend the session will be required to complete the online HIPAA training program.
 - iii. DMC accepts HIPAA and/or Professional Compliance training completed at another institution if the training was completed via the exact same HealthStream Learning Center online training program. Residents who have completed such training may submit their Certificate of

Completion to OCAS. OCAS will verify to ensure that training has been completed and will notate the individual as compliant in its database. Because of the highly specific content of the Documentation Integrity course, completion of this training at another institution will NOT be accepted by DMC.

8. **Students from affiliated institutions:** Students from affiliated institutions will be vetted by the Office of Planning by completing the following steps before they are enrolled in compliance training. Once these steps are complete, the Office of Planning will contact OCAS for training enrollment.
 - i. Health Statement for Visiting Students
 - ii. SUNY-HSCB Hospital Orientation via On-Line Training
 - iii. PHI Confidentiality Statement
 - iv. Proof of Liability Insurance obtained from the Affiliated Institution
 - v. Background Check Documentation

C. Compliance Training Follow Up

1. OCAS will track each new individual added to its training database and will determine whether or not training has been completed by the assigned deadline.
2. For those individuals who do not complete the training by their assigned completion due date the following table delineates OCAS' follow up protocols.

Compliance training follow up will depend on the type of compliance user:

User	Initial Notice	Follow up (2nd Notice)	3rd and 4th Notice	Referral
UHB Employees	2 Week Deadline	2 week extension – email to Department Admin.	2 hand delivered notices to Dept. Admin/Chair (1 week extension each)	Refer to HR / Labor Relations
Residents	2 Week Deadline	2 week extension – email to Program Coordinator	2 Reminder Notices to Dean (1 week extension each)	Terminate Access to Info. Systems
UPB Employees	2 Week Deadline	2 week extension – email to UPB HR / Department Admin	2 hand delivered notices (1 week extension each)	Refer to UPB HR
RF Employees	2 Week Deadline	2 week extension – email to RF HR / Department Admin	2 hand delivered notices (1 week extension each)	Refer to RF HR
Temporary Agency Personnel	2 Week Deadline	2 week extension – email to agency	Terminate user in HCCS - ineligible for appointment	N/A
Locum Tenens / Voluntary Physicians	2 Week Deadline	2 week extension – Medical Board Office	Terminate user in HCCS - ineligible for appointment	N/A

Volunteers	2 Week Deadline	2 week extension – email to Volunteer Svcs	Terminate user in HCCS - ineligible for appointment	N/A
Students from Affiliated Institutions	2 Week Deadline	2 week extension – email to Planning Office		Refer to Planning

Individuals who fail to complete the Compliance training program(s) after the above communications will be referred to the responsible area for appropriate disciplinary action; to the Office of Labor Relations, GME Office, Medical Board Office, UPB Office or RF Office.

Additionally, access to DMC’s information systems may be suspended / terminated until required course work is complete. This may occur any time after the initial follow-up so long as warning of such action is provided in advance.

D. Department Specific Training- OCAS will conduct department specific training, as necessary, to ensure compliance with the regulatory requirements and to provide updated training on revised requirements or processes. These training programs will be in the form of:

1. In- service or refresher training sessions, as identified via audit deficiencies or other reported concerns;
2. Department specific training manuals containing a focused summary of relevant policies and procedures.

E. Training Completion Certificates

1. Individuals who complete DMC’s online Compliance training programs may print out a Certificate of Completion upon exiting the courseware for inclusion in the individual’s or departmental file.
2. Any individual or department may also contact OCAS for a formal Certificate of Completion for any of the online Compliance training programs.
3. The Medical Board will look up faculty members’ Compliance training completion information via OCAS’ Compliance training database, as necessary, for the individual’s reappointment package.
4. The IT Department will look up individuals’ Compliance training completion information via OCAS’ Compliance training database before providing the individual with access to DMC information systems.
5. Individuals who completed a training or refresher program via a lecture style presentation may request a customized Certificate of Completion from OCAS.

VI. ATTACHMENTS

Compliance Course Requirement Matrix

VII. REFERENCES

Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.530(b); Deficit Reduction Act of 2006 §6032; Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought and Responsible Contractors

Compliance Training Instructions Sheets (HIPAA, Corporate, Deficit Reduction Act, Documentation Integrity, Conflicts of Interest and Professional) are available online at:

<http://www.downstate.edu/compliance/documents/InstructionsSheet.General.AllCourses.4.2016.pdf>

	Revision	Required	Responsible Staff Name and Title
March 2009	Yes	No	Shoshana Milstein, AVP Compliance & Audit
May 2010	Yes	No	Alexandra Bliss, Compliance Coordinator Shoshana Milstein, AVP Compliance & Audit
May 2011	Yes	No	Alexandra Bliss, Compliance Coordinator Shoshana Milstein, AVP Compliance & Audit
January 2012	Yes	No	Alexandra Bliss, Compliance Coordinator Shoshana Milstein, AVP Compliance & Audit
December 2016	Yes	No	Alexandra Bliss, Compliance Coordinator Shoshana Milstein, AVP Compliance & Audit
August 2017	Yes	No	Zhanna Kelley, Senior Compliance Manager Shoshana Milstein, AVP Compliance & Audit

Compliance Course Requirement Matrix

The Office of Compliance & Audit Services (OCAS) is responsible for administering the Compliance training programs. It is the responsibility of DMC workforce members to comply with DMC's training requirements. Workforce members include employees of New York State, University Physicians of Brooklyn (UPB) & the Research Foundation (RF), as well as physicians, allied health professionals, residents, interns, fellows, students, trainees, volunteers, consultants, contractors and subcontractors.

The following is an outline of the web- based Compliance training courses offered and corresponding workforce members required to complete them.

A. HIPAA: This course describes information regarding the Health Insurance Portability and Accountability Act of 1996. HIPAA establishes how we access, share and securely maintain private information. Topics include HIPAA Awareness, the HIPAA Privacy Rule, Electronic Security, Electronic Transactions, the HIPAA Enforcement Rule and the Stimulus Act.

Who must complete HIPAA Training: All of DMC's workforce members are required to complete HIPAA training. Individuals who work in areas with no access or contact to patient information may fulfill their HIPAA training requirement at the Hospital Orientation HIPAA training session or by completing the Awareness only module of the web- based training program.

B. Professional Compliance Training: The program's main focus is on coding and documentation requirements, rules for Physicians at Teaching Hospitals (PATH) and referral guidelines. The course also outlines topics in Fraud Awareness. Specifically, it discusses common types of healthcare fraud, reviews the annual work plan from the Office of the Inspector General, as well as delineates issues related to managed care.

Who must complete Professional Compliance Training: Physicians, Residents, Physician Billing Administrators and Non- Physician Practitioners/Midlevel Providers are required to complete this course. Voluntary physicians who do not bill through the hospital/ practice plan are not required to complete this course.

C. Corporate Compliance Training: This course focuses on the coding and billing rules required for reimbursement in a hospital setting. It also delineates the required elements of an effective compliance program, as well as provides an overview of other hospital risk areas as identified by the Office of the Inspector General.

Who must complete Corporate Compliance Training: All Hospital revenue cycle personnel including all employees in the Admitting, Outpatient Registration, Health Information Management, Quality Management, Case Management/ Utilization Review, Risk Management, Regulatory Affairs, Hospital Finance and Managed Care Departments are required to complete Corporate Compliance training.

D. DRA: This course describes Federal and State laws regarding the submission of false/fraudulent claims; specifically focusing on the Federal False Claims Act. The program explains penalties for false claims as well as whistleblower protections and the process for reporting fraud.

Who must complete DRA Training: All DMC workforce members receive information on DRA compliance. For those individuals who are required to complete either the Professional or Corporate Compliance courses, the DRA training has been incorporated into those programs and does not need to be separately completed.

E. Research Compliance: Conflicts of Interest: This course is designed to provide researchers, support staff and administrative personnel with knowledge about ethical issues and legal requirements with regards to conflicts of interest and research misconduct.

Who must complete Conflicts of Interest training: All Investigators involved in research related activities as well as Research Administration staff must complete this course.

F. Documentation Integrity: This course describes the Federal & State requirements for documentation in a medical record, as well as Joint Commission accreditation standards and DMC specific policies & procedures on the topic. The course discusses practices related to all individuals that document in a patient's record, as well as additional, specific requirements applicable to physicians, residents and allied health professionals. The course covers standard medical record practices, such as creating accurate, complete and timely entries, requirements related to dating, timing and signing entries, procedures for late entries, amendments and corrections, as well as discusses documentation in an electronic health record.

Who must complete Documentation Integrity: All workforce members who document in DMC's medical records are required to take this course. This includes physicians, residents, allied health professionals, nursing services, dietary staff, clinical researchers, pharmacy staff, social workers and other staff involved in the review and processing of medical record.