

RESPONSIBLE DEPARTMENT: Corporate Compliance	SUBJECT: Compliance Education & Training
NUMBER OF PAGES: 5	REPLACES POLICY: 05/2001
EFFECTIVE DATE: APRIL 2024	POLICY ID. ADM-CC

SCOPE:

This policy applies to all employees at Community Memorial Hospital (CMH), Family Health Centers (FHC), and Specialty Clinics.

PURPOSE:

The purpose of this policy is to conduct an effective compliance training and education program.

POLICY STATEMENT:

It is the policy of Community Memorial Hospital to conduct an effective compliance training and education program to ensure that all affected individuals who perform a function on behalf of Community Memorial Hospital are fully capable of executing the duties in conformity with applicable laws, rules, regulations and other standards.

PROCEDURE:

A. Responsibility for Compliance Education and Training Oversight

- a. The Compliance Officer (“CO”) is responsible for general oversight of employee compliance education and training.
- b. The Corporate Compliance Officer or his/her designee, shall conduct the employee compliance educational sessions required by this policy, and/or shall ensure that such sessions occur.

B. Board of Directors

- a. Each Member of the Board of Directors shall receive initial compliance training promptly after appointment to the Board and on a regular basis thereafter, during such Member’s term. Generally, the CO shall provide such instruction to Board Members. Each Board Member shall receive a copy of the Code of Conduct, and shall be given access to the current Corporate Compliance Program Handbook. The CO will provide updates to the Board on an as needed basis. The Compliance/Rev cycle Committee will meet regularly as circumstances dictate and report to the Board of Directors on a quarterly basis.

C. Code of Conduct/Compliance Policies & Procedures

- a. **Distribution to Employees.** All new employees are directed on where to find the Code of Conduct and Corporate Compliance Handbook at New Employee Orientation (“NEO”). The Code of Conduct and Community Memorial Hospital’s Corporate Compliance Handbook shall be available as amended on the Hospital’s web site and the shared drive under policies and procedure. Employees may also access a hard copy of the Code of Conduct and the Corporate Compliance Program Handbook by calling the Compliance Office at (315) 824-7064.
- b. **Website.** Community Memorial Hospital’s Code of Conduct, Corporate Compliance Handbook and relevant compliance policies and procedures are available on the website and shall be maintained and reviewed at least annually by the Corporate Compliance Officer or his/her designee, in cooperation with Information Technology.

D. Training and Education

Joint Commission:

CMS:

DOH:

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- a. Community Memorial Hospital shall establish and implement an effective compliance training and education program for all affected individuals. Training and education shall be provided in a form and format accessible and understandable to all affected individuals, consistent with Federal and State language and other access laws, rules or policies.
- b. Training and education shall occur no less frequently than annually and will include the following topics:
 - i. General overview of Community Memorial Hospital’s Code of Conduct, Corporate Compliance Program and compliance related policies and procedures;
 - ii. Relevant health care fraud and abuse laws;
 - iii. Hospital risk areas and organizational experience;
 - iv. Role of the Compliance Officer and Compliance Committee;
 - v. How affected individuals can ask questions and report potential compliance-related issues to the Compliance Officer and senior management, including the obligation to report suspected illegal or improper conduct and the procedures for submitting such reports;
 - vi. Community Memorial Hospital’s non-intimidation/non-retaliation and whistleblower policies and protection for good faith participation in the compliance program;
 - vii. Disciplinary standards, with an emphasis on standards related to the compliance program and the prevention of fraud, waste and abuse;
 - viii. How the hospital responds to compliance issues and implements corrective action plans;
 - ix. Requirements specific to the MA program and the hospital’s categories of service;
 - x. Coding and billing requirements,
 - xi. Claim development and submission process,
 - xii. Other compliance topics as deemed appropriate by the Compliance Officer.
- c. Community Memorial Hospital will develop and maintain a training plan. The training plan shall include:
 - i. An outline of the subjects and topics for the training education;
 - ii. The timing and frequency of the training;
 - iii. Which affected individuals are required to attend;
 - iv. How attendance will be tracked;
 - v. How the effectiveness of the training will be periodically evaluated.

Please refer to the training plan for additional information.

E. New Employee Orientation

- a. **Scope of General Orientation.** All new employees shall undergo appropriate levels of compliance training during New Employee Orientation (NEO) that occurs promptly after hiring.

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- b. **Content of NEO:** Compliance-related matters covered in NEO may include, but are not limited to, the following areas:
- i. General overview of Community Memorial Hospital’s Code of Conduct, Corporate Compliance Program and;
 - ii. Relevant health care fraud and abuse laws;
 - iii. How to contact the Compliance Office/CO
 - iv. Community Memorial Hospital’s non-intimidation/non-retaliation and whistleblower policies;
 - v. Other compliance topics as deemed appropriate by the Compliance Officer.

F. Annual Compliance Update

- a. **Computer-Based Training.** For purposes of completing annual compliance training, employees shall participate in computer-based compliance education and training modules. The CO or his/her designee in consultation with Educational Services shall determine the content and duration of annual compliance training materials.

G. Other Forms of Communication

- a. Hospital-Wide Email. The Corporate Compliance Office shall develop and maintain compliance related email announcements and messages designed to further the values and goals of Community Memorial Hospital’s Corporate Compliance Program.
- b. CMH Shared drive- ‘Fact Sheets’ will be housed on the shared drive for access and hospital-wide use. These compliance-related “fact sheets” will discuss such topics as; Compliance 101, Breaches, RHIOs (Regional Health Information Organizations), RAC (Recovery Audit Contractors), FHCDA (Family Health Care Decision Act), Fraud-Waste-Abuse, Whistleblowers etc. The “fact sheets” will help facilitate departments, managers or directors to answer questions they may have on any given compliance topic. The “fact sheets” will encourage the reader to contact the Corporate Compliance team for further questions or clarification. The ‘fact sheets’ will be updated as rules, regulations, updates/changes and need dictates.

H. Deficit Reduction Act of 2005 Compliance

- a. Community Memorial Hospital must establish/maintain detailed written policies regarding:
- i. The Federal False Claims Act;
 - ii. The New York State False Claims Act;
 - iii. Any other applicable state civil or criminal laws and state and federal whistleblower/nonretaliation protections; and
 - iv. Community Memorial Hospital’s policies and procedures for detecting and preventing waste, fraud and abuse
- b. Community Memorial Hospital, under the direction of the CO, or his/her designee, must disseminate the policies and information referenced above in section (VII)(A) of this Policy to all:
- i. Employees; and

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- ii. Contractors, subcontractors and agents who, on behalf of Community Memorial Hospital, furnishes, or authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by Community Memorial Hospital.

I. Compliance Education and Training as Part of Employee Evaluation Process.

- a. Attendance Required. Attendance at NEO and participation in annual/periodic compliance education and training is an expectation of performance for all employees, which shall be reflected in employee evaluations.
- b. Sanctions. Failure to attend and/or participate in required compliance education and training sessions may result in discipline, up to and including termination of employment or affiliation with Community Memorial Hospital.

J. Documentation and Retention of Attendance Logs and Other Materials

- a. Human Resources, Educational Services, in collaboration with the Corporate Compliance Office, shall maintain attendance logs for all compliance education and training sessions conducted. Attendance logs should include, but are not necessarily limited to, the following information:
 - i. Employee name and title;
 - ii. Employee’s department;
 - iii. Date and time of attendance;
 - iv. General description of the educational session (attach program Information/handouts to logs).
- b. Attendance logs plus program attachments and other documentation required by this policy shall be retained for a minimum of six years, or in accordance with the hospital’s record retention policies and procedures, whichever is longest.

K. Yearly Reevaluation of Compliance Education and Training Program

- a. At least annually, the Corporate Compliance Office shall evaluate the effectiveness of Community Memorial Hospital’s corporate compliance education and training efforts.
- b. The Corporate Compliance Office shall take into consideration the OIG and OMIG’s annual work plans and other compliance initiatives in developing the content of future compliance education and training programs.

DOCUMENTATION: Applies to Hospital Wide

DEFINITIONS:

- Affected Individuals: All persons who are affected by the provider’s risk areas including employees, chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors and governing and corporate offices.
- MA: Medical Assistance for needy persons provided under Title 11 of Article 5 of the Social Services Law. <https://www.nysenate.gov/legislation/laws/SOS/A5T11>

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REFERENCES:

- US DHHS, OIG Hospital Compliance Guidance, 1998; Supplemental Hospital Compliance Guidance, 2005; <https://oig.hhs.gov/>
- NYS OMIG Mandatory Provider Compliance Plan, 18 NYCRR § 521. OMIG's website is: <https://omig.ny.gov/compliance/compliance>

Approved by:


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