



Compliance Awareness Training

What is Compliance?

Compliance is...

- Fulfilling responsibilities and tasks according to MaineHealth policies and procedures.
- Following state and federal laws and regulatory requirements that apply in our workplace.
- Upholding the highest ethical standard of conduct.

An Effective Compliance Program

- A compliance program is the centralized oversight that promotes honest and ethical behavior in day-to-day operations of an organization by:
 - Allowing organizations to identify, prevent, and correct misconduct.
 - Ensuring all workforce have a clear understanding of expectations for professional, legal, ethical and personal behavior in the workplace.
- An effective compliance program will:
 - Promote ethical conduct which results in honesty and integrity.
 - Deter illegal activity.
 - Provide reporting mechanisms.
 - Support internal investigations.
 - Ensure all members of the workforce receive required compliance training no less than annually.

Compliance Training

This training covers compliance regulations and policies:

- Emergency Medical Treatment and Labor Act (EMTALA)
- Federal and state exclusions
- Fraud, Waste and Abuse
- False Claims Act
- Stark and Anti-Kickback Laws
- Non-discrimination Law
- Conflicts of Interest
- Gifts and Gratuities
- Whistleblower Protection Act

Emergency Medical Treatment and Labor Act

The Emergency Medical Treatment and Labor Act (EMTALA) applies to hospitals with a dedicated emergency department that participates in a federal healthcare program. EMTALA provides the following protections:

- Hospitals who offer emergency services are required to provide a medical screening examination when a request is made for examination or treatment for an emergency medical condition, including active labor, regardless of an individual's ability to pay.
- Hospitals are required to provide stabilizing treatment for patients with an emergency medical condition.
- If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

Test Your Knowledge!

A pregnant woman comes to the emergency department on a busy night, and she believes she is in labor. There is another hospital nearby that could possibly see her sooner. Which of the following can you do?

- Tell the patient to drive to the closer hospital even if they don't want to
- Have the patient transferred to another hospital immediately without providing them medical care
- Provide a medical screening and the services necessary to stabilize the patient
- Ask the patient if they have insurance to pay for the cost of the care

EMTALA – Answer

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- **Provide a medical screening and the services necessary to stabilize the patient**
- Ask the patient if they have insurance to pay for the cost of the care

Exclusions and Sanctions Screening

- The Office of Inspector General (OIG) maintains a List of Excluded Individuals and Entities to fight healthcare fraud.
- The General Services Administration also maintains a list of excluded businesses (vendors) called the System for Award Management (SAM).
- People and vendors on the OIG, SAM, or state excluded lists are not allowed to participate in any federal or state health benefit programs such as Medicare or Medicaid.
- Before hiring or contracting with a person or business, MaineHealth searches these federal and state exclusion databases.
- MaineHealth will not employ or do business with anyone on these lists.
- MaineHealth checks all vendors and workforce members monthly against all the databases listed above.
- Applicants, workforce members and vendors must disclose any pending or actual exclusion actions

Test Your Knowledge!

- An individual applies for a job at a hospital as an RN. The hospital has several open positions for RNs and is offering bonuses to fill these positions. Upon screening this person before hire, the HR department finds out the person is on the OIG Exclusion list. What will HR do?
 - Hire this applicant to fill the position
 - Tell the applicant they cannot be hired because they are on the excluded list
 - Hire the applicant and try to get them off the exclusion list
 - Tell the applicant to reapply in six months

Exclusion - Answer

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False Claims Act (FCA)

- The Federal False Claims Act is an effective tool in combating fraud against the federal government.
- Health care providers and their employees can be subject to significant fines for **EACH** false claim submitted and may be excluded from participation in Medicare or Medicaid programs.
- Common examples of False Claims:
 - Billing for services or supplies not rendered.
 - Billing for unnecessary medical services.
 - Double billing for the same service or equipment.
 - Billing for services at a higher rate (upcoding services).
 - Use of improperly credentialed personnel to provide services.

Test Your Knowledge!

Which billing practice below **is not considered** to be a false claim?

- Ordering lab tests that the patient doesn't need
- Billing for services that were not provided
- Falsifying a medical record
- Billing for patient care that was medically necessary

False Claims Act - Answer

Which billing practice below **is not considered** to be a false claim?

- Ordering lab tests that the patient doesn't need
- Billing for services that were not provided
- Falsifying a medical record
- **Billing for patient care that was medically necessary**

Fraud, Waste, and Abuse

We all play a role in protecting the integrity of the Medicare and Medicaid Program.

To combat fraud, waste, and abuse, watch for potential abusive practices and criminal activity, including:

FRAUD

- Intentional deception
- Falsifying medical records
- Billing for services not provided

WASTE

- Ordering unnecessary services
- Inefficiency

ABUSE

- Bending the rules
- Upcoding or unbundling codes on a claim

Test Your Knowledge!

A hospital employee is caught falsifying medical record information in order to get enough patients in a research study. This is an example of:

- Waste & Abuse
- Scamming
- Fraud
- A Stark or Anti-Kickback violation

Fraud, Waste, and Abuse - Answer

A hospital employee is caught falsifying medical record information in order to get enough patients in a research study. This is an example of:

- Waste & Abuse
- Scamming
- **Fraud**
- A Stark or Anti-Kickback violation

60 Day Overpayment Rule

- **60-Day Overpayment Rule & Lookback Period**

- The 60-day rule is an ACA mandate that requires that medical providers make refunds of overpayments made under Medicare or Medicaid within 60 days of identification.
- The penalties for violating this rule include possible FCA violations, substantial fines and in some cases, criminal charges.
- The associated lookback period for identifying these overpayments is **six years** from the date the overpayment was received.

- **180-Day Suspension for Investigation (Effective January 1, 2025)**

- CMS allows providers up to 180 days to investigate possible billing problems before repayment is required.
- This applies when there are reasonable concerns about:
 - Fraud
 - Overpayments
 - Billing errors
- During the 180 days:
 - The normal 60-day repayment clock is paused
 - The provider must be actively investigating the issue
 - The investigation must be documented to show it is being done in good faith

Physician Self Referral Law (Stark Law)

- The Physician Self Referral or Stark Law is a federal fraud and abuse law that prohibits physicians from referring patients to other healthcare businesses in which they have a financial relationship.
- The federal government interprets financial relationship to mean any ownership or investment by the referring physician or the physician's immediate family members.
 - Some examples of these types of businesses are clinical laboratory services, radiology and other imaging services, home health care services, outpatient prescription drugs, or outpatient hospital services.
 - It also refers to physical and occupational therapies, or durable medical equipment like prosthetic or orthotic devices and supplies.

Test Your Knowledge!

A physician in your practice makes numerous referrals for physical therapy. The physician refers all patients to his wife's physical therapy business, even though there are plenty of other businesses in the area. Is this a violation of the Physician Self Referral or Stark Law?

- Yes
- No

Stark Law - Answer

A physician in your practice makes numerous referrals for physical therapy. The physician refers all patients to his wife's physical therapy business, even though there are plenty of other businesses in the area. Is this a violation of the Physician Self Referral or Stark Law?

➤ **Yes**

○ No

Anti-Kickback Statute

This statute is a federal fraud law prohibiting individuals or companies from exchanging money or items of value with someone to reward referrals of Medicare/Medicaid business.

Violations can result in criminal and civil penalties and/or exclusion from Medicare/Medicaid programs. Examples of violations:

- Offers/agreements to pay a referral source **more** than fair market value (fair price for the buyer and seller) of goods or services provided to MaineHealth.
- Offer or agreements to charge a referral source **less** than fair market value for goods or services provided by MaineHealth.
- Offer to **not** collect (waive) payment or an offer of gifts to patients to persuade them to choose MaineHealth.

Test Your Knowledge!

The administrator of a large family practice whose lease is up for renewal approaches the hospital finance department requesting a discount on the space in exchange for sending all their referrals to that hospital. Is this a violation of the Anti-Kickback Statute?

- Yes
- No

Anti-Kickback - Answer

The administrator of a large family practice whose lease is up for renewal approaches the hospital finance department requesting a discount on the space in exchange for sending all their referrals to that hospital. Is this a violation of the Anti-Kickback Statute?

➤ **Yes**

○ No

Non-discrimination

MaineHealth organizations meet all applicable federal civil rights laws. MaineHealth organizations do not discriminate, exclude or treat people differently based on race, color, national origin, age, disability, sex, religion, sexual orientation or gender identity; or because the individual is unable to pay for healthcare services; or because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program.

Our Responsibilities at MaineHealth:

- Provide free, timely language assistance services; translations-oral/written, interpreting services, video remote interpreting services, auxiliary aids, large print materials and TeleType-Telecommunications Devices for the Deaf (TTYs).
- Identify and treat individuals consistent with their gender identity; using preferred names and granting access consistent with gender identity.
- Provision of appropriate healthcare services for transgender individuals.

Test Your Knowledge!

A patient arrives for an appointment with their therapist at a behavioral health community space. The patient speaks Somali, but the therapist does not. This was noted in the appointment. What should the behavioral health team do?

- Tell the patient to go home and reschedule and ask for an interpreter
- Refer the patient to another therapist at a different community practice
- Keep the appointment and arrange for a phone interpreter
- Ask the patient to reschedule and bring an interpreter with them

Non-discrimination - Answer

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- **Keep the appointment and arrange for a phone interpreter**
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Conflicts of Interest

A Conflict of Interest may arise as a result of situations or circumstances when obligations or decisions by a MaineHealth workforce member are compromised by, or could be perceived as being compromised by, financial interests or relationships.

- Conflicts of Interest:
 - When those who sell goods/services within the health system provide gifts, payments, or other compensation to healthcare professionals in a position to influence MaineHealth business or clinical decisions.
- Who must disclose as defined by the MaineHealth Conflict of Interest-Workforce Policy; officers; directors and above; physicians/APPs/pharmacists; contracted physician leaders; committee/workgroup members recommending drugs/devices/technologies; and others designated by Compliance or their supervisor. These workforce members are required to complete a Conflict of Interest Disclosure Form annually or when their circumstances change.
- Actual and potential conflicts of interest must be reported to MaineHealth Corporate Compliance at MaineHealthCorporateCompliance@mainehealth.org.

Conflicts of Interest (cont.)

A Conflict of Interest occurs when you:

- Accept a gift, consulting fees, or other financial interests that may influence, or appear to influence how you carry out your responsibilities at MaineHealth.
- Disclose or use confidential or “insider” information about MaineHealth for personal profit or advantage.
- Use your position as an opportunity for financial gain.
- Paid honoraria/consulting requires prior supervisor approval and disclosure.

Test Your Knowledge!

An employee accepts gifts, travel or food from a pharmaceutical representative that works to have the hospital buy their products or services. This is one example of a Conflict of Interest.

- True
- False

Conflict of Interest - Answer

An employee accepts gifts, travel or food from a pharmaceutical representative that works to have the hospital buy their products or services. This is one example of a Conflict of Interest.

➤ **True**

○ False

Gifts and Gratuities

- Workforce members are **strictly prohibited from asking for or accepting monetary gifts or tips**. If a patient or another individual wishes to give a monetary gift, they should contact the Philanthropy Department.
- Workforce members **may not accept or solicit gifts or hospitality from health care vendors or supplier representatives** regardless of the gift value.
- Workforce members **may never receive gifts or gratuities from Government representatives**, nor should staff offer gifts to government representatives.

Test Your Knowledge!

An appreciative patient brings you a gift card from a major retailer to thank you for your excellent care. What should you do?

- Thank the patient, accept the card, and go shopping
- Thank the patient, accept the card, and buy something that can be shared with the entire department
- Thank the patient, and ask the patient to give you the gift card when you are finished your shift for the day
- Thank the patient, tell them you cannot accept gifts of money, and let them know that they can donate to the Philanthropy Department

Gifts and Gratuities - Answer

An appreciative patient brings you a gift card from a major retailer to thank you for your excellent care. What should you do?

- Thank the patient, accept the card, and go shopping
- Thank the patient, accept the card, and buy something that can be shared with the entire department
- Thank the patient, and ask the patient to give you the gift card when you are finished your shift for the day
- **Thank the patient, tell them you cannot accept gifts of money, and let them know that they can donate to the Philanthropy Department**

Maine's Whistleblower Protection Act

- The Maine Whistleblower Protection Act, 26 MRSAs831 (and subsequent sections), ensures that MaineHealth will protect from harm any employee that acts in good faith and reports a violation or unsafe condition, or practice.
- For the employee to be protected, they must **FIRST** bring the alleged violation, condition, or practice to their supervisor and allow the employer a reasonable opportunity to correct that violation, condition, or practice.
- Prior notice to an employer is not required if the employee has specific reason to believe that reports to the employer will not result in promptly correcting the violation.
- In addition to state law, **MaineHealth policy requires all workforce to report suspected wrongdoing** and prohibits retaliation for good faith reporting.

New Hampshire's Whistleblowers Protection Act

The New Hampshire Whistleblower Protection Act – RSA 275E ensures that an employer may not discharge, threaten, or discriminate against any employee who:

- Reports or causes to be reported, in good faith, what the employee believes to be a violation of any law adopted by the State of New Hampshire;
- Objects to or refuses to participate in any activity that the employee believes is a violation of State law;
- Refuses to execute a directive which the employee believes violates any State law; or
- Participates in an investigation, hearing, or inquiry conducted by any governmental entity or any court action which concerns allegations that the employer has violated State law.

Once a reasonable effort has been made to reinstate the employee's rights through grievance procedures with the employer, the employee has access to New Hampshire rights and remedies by filing a written complaint with the New Hampshire Department of Labor.

In addition to state law, **MaineHealth policy requires all workforce to report suspected wrongdoing** and prohibits retaliation for good faith reporting.

MaineHealth ACO Compliance Training

If you are a MHACO participant or provider carrying a panel of patients, you must complete a brief MaineHealth ACO compliance training; please click the **MHACO COMPLIANCE TRAINING** button to continue.



MHACO COMPLIANCE TRAINING

All other users please select **STANDARD COMPLIANCE TRAINING**



STANDARD COMPLIANCE TRAINING

Compliance Risks Unique to the ACO

The Centers of Medicare and Medicaid Services (CMS) requires all Medicare Shared Savings Program Accountable Care Organizations (MSSP ACOs) to provide compliance training to their employees and to participating providers.

The MaineHealth ACO (MHACO) has compliance risks that are unique to the ACO environment. The purpose of this training is to supplement MaineHealth's standard compliance training and specify risks related to participation in the Medicare Shared Savings Program. ACOs may be audited in these areas, incur sanctions including mandated corrective action plans, and/or termination from the MSSP ACO.

Compliance Risks Unique to the ACO

1. Stinting on Care or Over-utilization:

- The MaineHealth ACO and participants may not deny, reduce, or limit medically necessary services or treatment, or engage in any practice or activity that would reasonably be expected to deny or discourage providing medically necessary services to their patients.
- The MaineHealth ACO monitors utilization patterns to ensure appropriate medically necessary care.
- CMS monitors all claims data to ensure that the MaineHealth ACO complies with these requirements ([*MHACO Beneficiary Avoidance & Referrals Policy*](#)).

Compliance Risks Unique to the ACO

2. Avoiding Certain Beneficiaries

- The MaineHealth ACO and participants are prohibited from avoiding higher cost or “at risk” beneficiaries assigned to them to keep costs low.
- An “at-risk” beneficiary is a patient who:
 - Has a high CMS-risk score
 - Has one or more chronic conditions
 - Is dually eligible for Medicare and Medicaid
 - Entitled for Medicare disability
 - Is diagnosed with behavioral health or substance use disorder
 - Has a high utilization (e.g., 2 or more ED visits or hospitalizations per year)
- These patients, however, may be appropriately identified by the MaineHealth ACO to better coordinate and deliver care more effectively and improve their health.

Compliance Risks Unique to the ACO

3. Patient Choice & Inducements

- MSSP patients assigned to the MaineHealth ACO have full freedom of choice in selecting providers.
- They may choose providers outside of the ACO without incurring a penalty. Participating providers must honor patients' choice and may not restrict referrals within the ACO.
- The MaineHealth ACO or participants may not offer or provide gifts or other inducements to a beneficiary to encourage them to receive services from the MaineHealth ACO or any of its participants.
 - Under the [Beneficiary Inducement Safe Harbor Provisions](#), the MaineHealth ACO and its participants may provide, "in-kind", items/services related to the beneficiary's medical care that are either preventive in nature or in achieving a clinical goal, when all other safe harbor provisions are met, e.g., a blood pressure monitor to better control hypertension. Provisions **do not include** cash, beauty products, or item/service covered by Medicare on the same date the "in-kind" item/service was furnished to the beneficiary.

Compliance Risks Unique to the ACO

4. Beneficiary Notices

The MaineHealth ACO and participants must provide beneficiary notices, as required by CMS MSSP regulations.

- The standardized written notice will be provided to the beneficiary, **prior** to the first primary care visit, with follow-up communication **within 180 days**.

The MaineHealth ACO and participants must notify beneficiaries at the point of care that their ACO providers are participating in the Shared Savings Program by:

- Clearly displaying the MaineHealth ACO MSSP Beneficiary Notice posters in a public area for beneficiary viewing.
- Make a copy of the MaineHealth ACO standard written notice available to beneficiaries upon request.

Compliance Risks Unique to the ACO

5. Beneficiary Outreach and Marketing

To prevent the MaineHealth ACO and participants from seeking to attract or avoid beneficiaries with certain health profiles and prevent materially inaccurate or misleading information and/or discriminatory practices, CMS regulates marketing communications with beneficiaries.

- Marketing materials related to governmentally funded health care programs (i.e., Medicare Advantage and MSSP), are regulated by CMS.
- In some cases, the MaineHealth ACO is required to use CMS templates.
- The MaineHealth ACO's communications team **must** review and approve any proposed beneficiary marketing materials **prior** to distribution.

Compliance Risks Unique to the ACO

6. Beneficiary Right to Opt-out of Data Sharing

- Beneficiaries may decline to allow their claims data to be shared with the MaineHealth ACO. CMS will not share data on a beneficiary who has “opted out” of data sharing with the MaineHealth ACO.
- If a beneficiary elects to “opt out”, instruct them to contact Medicare directly:
 - **(800) MEDICARE / (800) 633-4227**
 - **TTY (877) 486-2048**
- **Do not** contact Medicare on the beneficiary’s behalf. Respect the beneficiary’s decision and adjust workflows accordingly.
- Refer to [Per 42 CFR §425.312](#) for beneficiary data sharing rights.

Compliance Risks Unique to the ACO

7. Cyber-Attacks, Ransomware & Monitoring

- Promptly communicate to beneficiaries that cybersecurity incidents may cause care delays, data access issues or record unavailability.
- Be transparent and reassure beneficiaries about privacy protections and continuity of care.
- Comply with expanded CMS monitoring beginning in 2026, including standardized documentation and follow-up processes connected to quality and compliance reporting.

Your Role in Compliance



ASK

Unsure what to do?
Go to Compliance for clarification or call (207) 662-4646.



ADHERE

Know the applicable laws, regulations and policies that affect your employment responsibilities.



TAKE ACTION

Ensure your actions are consistent with MaineHealth's Code of Ethical Conduct.



HAVE ACCOUNTABILITY

Report any concern you have and report instances of non-compliance right away.

Test Your Knowledge!

You suspect that your manager has been taking cash co-payments and falsifying patient payment records. What should you do?

- Keep silent about it, you don't want to make your manager mad at you
- Keep silent about it until you have absolute proof that your manager is taking the money
- Report your suspicions to the next level of management, the Compliance Office, or call the Confidential Compliance HelpLine
- Talk with your coworkers and ask them what they think you should do

Your Role in Compliance - Answer

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How to Report a Compliance Concern

Any workforce member who becomes aware of a compliance issue has a duty to report it. Compliance issues can include harassment, discrimination, retaliation, inappropriate referrals or kickbacks, conflicts of interest, suspected fraud, waste or abuse, or suspicion that a false claim has been submitted. Good faith reporting is protected—retaliation is not tolerated.

You are required to report these activities to:



- A Manager,
- Supervisor,
- Human Resources, or
- Senior Management



MH Corporate Compliance
HelpLine:
(207) 662-4646



MH Corporate Compliance email:
MaineHealthCorporateCompliance@mainehealth.org



SafetyNet Event Reporting System

What to Expect When Calling the Compliance HelpLine

What to expect when you call the Confidential Compliance HelpLine – (207) 662-4646

- **All conversations with Compliance are confidential**, and all calls are reviewed and investigated.
- The HelpLine is available **24/7** and leads to a confidential voice mailbox to record your message.
- Please **provide detailed information** about the incident you are calling about. If contact information is provided, you may receive a call for clarification or additional information.
- A Regional Compliance Officer will attempt to return your call 3 times during work hours, Monday – Friday, 8:00 a.m. – 4:00 p.m. if you provided contact information. However, you may request to remain anonymous.
- Your call is reviewed and documented by Corporate Compliance and assigned to the correct area (Compliance/HR/Risk/Safety/Clinical Ethics/Patient Relations) for follow-up.
- Outcomes of investigations are confidential and are not generally shared with callers or writers.



**Thank you for completing the Annual
Compliance Awareness Training**