

RETHINKING THE CODE OF CONDUCT: BUILDING EFFECTIVENESS THROUGH SIMPLIFICATION

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INTRODUCTION

1. How did we get here?
2. What are we trying to accomplish?
3. How will it be accomplished?

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HOW DID WE GET HERE?

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THE CODE OF CONDUCT: IDEAL VS. REAL

Ideal:

1. Employees read the Code
2. Employees understand what they read
3. Employees refer to the Code
4. Employees know where to find the Code

Real:

1. Employees only see the Code when they have to complete an attestation
2. If they read it, they immediately brain dump it afterwards
3. Employees do not know where to find the Code
4. Employees will tell you they have never seen the Code
5. When they need guidance, employees go by what they have been told to do or what they think they should do

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7 QUESTIONS TO EVALUATE YOUR CODE:

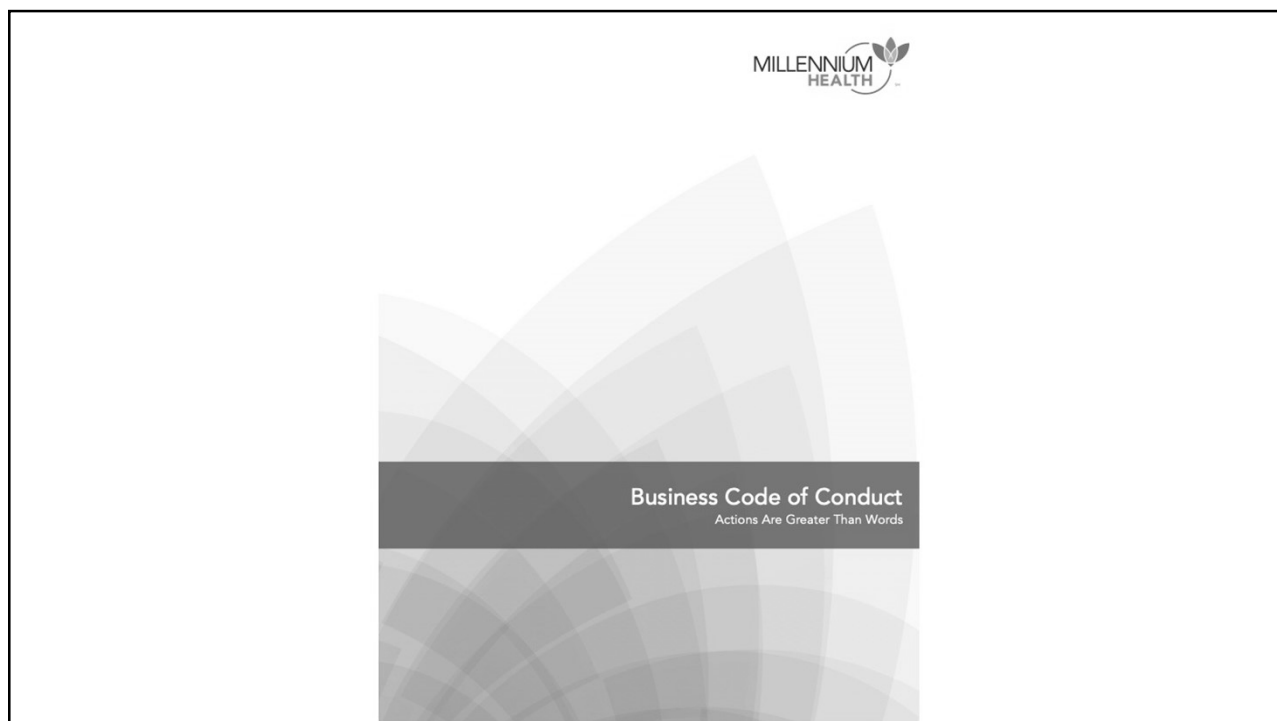
1. What is the actual name of your Code?
2. How many pages are included in your Code?
3. Do you know the topics that are included in your Code?
4. Does your Code address the Anti-Kickback statute?
5. Do you know that because that is the type of thing that would be covered or because you know for certain the page/section?
6. Could you recite a standard from your Code?
7. Are you confident that you could identify a standard that is not in your Code?

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WHAT DOES YOUR CODE LOOK LIKE?

- How many pages?
- What content is covered?
- Who is your intended audience?
- How is it distributed?
- How many people know how to access your Code?
- How many people are actually using your Code?

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Millennium Health Business Code of Conduct

- 01 Act with integrity and in compliance with the law
- 02 Ask questions, seek guidance and raise concerns
- 03 Treat each other fairly and foster a safe and productive workplace
- 04 Avoid conflicts of interest
- 05 Compete with integrity in the marketplace
- 06 Interact appropriately with customers
- 07 Avoid bribery, kickbacks, and corruption
- 08 Safeguard the quality of products and services
- 09 Maintain accurate books and records
- 10 Protect information and assets
- 11 Encourage individual volunteerism and corporate social responsibilities

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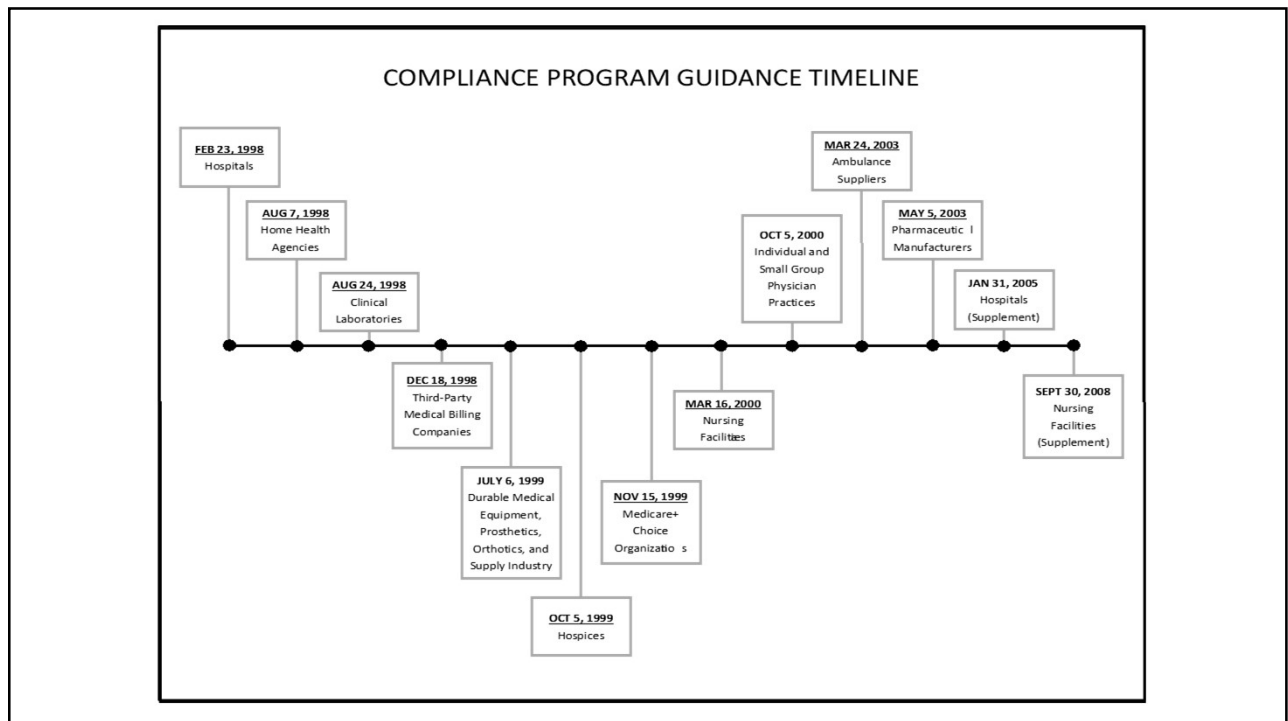
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WHAT ARE WE TRYING TO ACCOMPLISH?

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OIG COMPLIANCE PROGRAM GUIDANCE: CODE OF CONDUCT

1. Clearly delineated commitment to compliance by the members of the organization
2. Organization commitment to comply with all Federal and State standards, with an emphasis on preventing fraud and abuse.
3. Organization's mission, goals, and ethical requirements of compliance
4. Clear expectation and requirement of compliance by all organization members
5. Posted and distributed to all organization members
6. Understandable – brief, translated into other languages and written at appropriate reading levels
7. Regularly updated
8. Details the fundamental principles, values and framework for action
9. Certification (retained and available for review): received, read, and will abide by the Code
10. How to respond to practices that may violate the Code
11. Participation and involvement from Senior Leadership

Compliance Program Guidance: Hospitals (1998), Nursing Facilities (2000), Pharmaceutical Manufacturers (2003)

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OIG COMPLIANCE PROGRAM GUIDANCE: HOSPITAL COMPLIANCE PROGRAM EFFECTIVENESS

1. Fundamental principles, values, and framework for action
2. Articulated commitment to compliance by all management, employees, and contractors
3. Summary of broad ethical and legal principles
4. Requirement to follow ethical standards set by professional organizations
5. Brief, easily readable
6. General principles applicable to all members of the organization
7. Participation of Board, CEO, Senior Management, and others
8. Organization commitment to compliance with Federal health care programs
9. Expectation of compliance by all organization members to Code

Section III, Supplemental Compliance Program Guidance for Hospitals, January 31, 2005.

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OIG COMPLIANCE PROGRAM GUIDANCE: ASSESSING THE EFFECTIVENESS OF A COMPLIANCE PROGRAM

1. Policies, Standards and Practices address areas of risk and vulnerability
2. Distributed to organization employees
3. Recurring pitfalls because of lack of guidance
4. Buy-in from Senior Management
5. Understandable; not “legalese or at difficult reading levels”
6. Billing failures because of lack of guidance
7. Organization commitment

Section III, Compliance Program Guidance for Nursing Facilities March 16, 2000.

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HCCA-OIG EFFECTIVENESS RESOURCE GUIDE

Survey/Focus Groups/Interviews:

1. Understanding of Code
2. Knowledge of the Code
3. Knowledge of how to locate Code

Audits or Documentation Reviews:

1. Written
2. Review dates
3. Board approvals
4. Distribution/Posting to all affected persons
5. Attestations from all affected persons
6. Accessibility
7. New employee orientation within 30 days
8. Test scores after training

HCCA-OIG Compliance Effectiveness Roundtable, January 17, 2017, §1.41 Code of Conduct

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CORPORATE INTEGRITY AGREEMENT

1. Distributed to all Covered Persons;
2. Millennium's commitment to full compliance with all Federal health care program requirements, including its commitment to prepare and submit accurate claims consistent with such requirements;
3. Millennium's requirement that all of its Covered Persons shall be expected to comply with all Federal health care program requirements and with Millennium's own Policies and Procedures;
4. The requirement that all of Millennium's Covered Persons shall be expected to report to the Compliance Officer, or other appropriate individual designated by Millennium, suspected violations of any Federal health care program requirements or of Millennium's own Policies and Procedures; and
5. The right of all individuals to use the Disclosure Program...and Millennium's commitment to non-retaliation and to maintain, as appropriate, confidentiality and anonymity with respect to such disclosures.

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HOW WILL IT BE ACCOMPLISHED?

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ASSUMPTIONS FOR DISCUSSION:

- You have a Code of Conduct
- It has been distributed to all employees and all new employees
- It is reviewed and updated annually
- It is approved by the Board

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WHAT IS EFFECTIVENESS?

IF WE FOLLOW THE GUIDANCE, DO WE GET TO
EFFECTIVE?

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THE REVOLUTION – THE NEW CODE

1. What do employees really need to know about the Code?
2. What should we expect of employees?
3. What (how much) are employees going to remember?

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THE NEW CODE – WHAT DOES IT LOOK LIKE?

1. What do we call it?
2. What are the critical points to include?
3. Does it address our key risk areas?
4. Does it meet the Guidance expectations (and CIA requirements)?
5. Does it get us to EFFECTIVE?

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OUR RESULT:

The Millennium Health Standards of Conduct

The renewed Millennium Health Standards of Conduct is intended to be a simpler, more impactful summary of the standards of behavior that we expect from all Millennium Health Covered Persons. A Covered Person generally includes employees and contractors who provide significant service to Millennium Health.

A Statement from our CEO,
Andrew A. Lukowski, Ph.D.

We are excited to publish this new version of the Standards of Conduct for Millennium Health. In order to emphasize the Company's full commitment to compliance with all Federal health care program requirements, and applicable laws and regulations, we have simplified the Standards of Conduct to make these expectations even easier to remember and more applicable to every day workplace situations. Because the Standards are simplified, every situation may not be addressed, however, each Standard is supplemented by policies and Standard Operating Procedures (SOPs) that provide more detailed guidance. We expect all Covered Persons to have a working familiarity with these Standards of Conduct and supporting policies/SOPs.

Our organization is based on 3 core pillars for success:

1. Best-in-Class Laboratory Experience
2. Exceptional Clinical Education and Support
3. A Dedicated Commitment to Compliance

As one of our three pillars, our Commitment to Compliance is who we are at Millennium Health, how we will operate, and key to our overall Mission.

Thank you for your ongoing commitment to compliance.



Compliance Contacts

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Available at: <https://www.millenniumhealth.com/wp-content/uploads/2019/06/Millennium-Health-Standards-of-Conduct.pdf>

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DOES IT MEET THE CHECKLIST?

1.	Clearly delineated commitment to compliance by the members of the organization
2.	Organization's mission, goals, and ethical requirements of compliance
3.	Fundamental principles, values, and framework for action
4.	Policies, Standards and Practices address areas of risk and vulnerability
5.	Clear expectation and requirement of compliance with Federal health care programs and organization policies and procedures by all organization members
6.	Understandable – brief, translated into other languages and written at appropriate reading levels, not "legalese or at difficult reading levels"
7.	Participation and involvement from Senior Leadership
8.	Organization commitment to compliance with Federal health care programs
9.	Requirement to follow ethical standards set by professional organizations
10.	Distributed to organization employees
11.	Regularly updated
12.	How to respond to practices that may violate the Code
13.	Obligation to report compliance suspected violations of Federal health care programs or organization policies
14.	Right of all individuals to report compliance concerns
15.	Commitment to non-retaliation and confidentiality/anonymity
16.	Recurring pitfalls because of lack of guidance
17.	Billing failures because of lack of guidance
18.	Survey for:
	<input type="checkbox"/> Awareness of the Code
	<input type="checkbox"/> Knowledge of the Code contents
	<input type="checkbox"/> Knowledge of how to locate Code
19.	Audit for:
	<input type="checkbox"/> Written Code document
	<input type="checkbox"/> Review dates
	<input type="checkbox"/> Board approval of the Code
	<input type="checkbox"/> Attestations from all affected persons that they have received, read, and will abide by the Code
	<input type="checkbox"/> Code is accessible by all employees
	<input type="checkbox"/> New employees are trained and oriented on the Code within 30 days
	<input type="checkbox"/> Understanding through post-training test scores

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THE NEW STANDARDS – HOW TO BRING IT TO LIFE

1. Ownership
2. How will be publicize the New Code?
 - Do you include contractors, vendors, and others?
3. Methods to make it stick?
 - Visibility
 - Frequency
 - Memory aids

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THE NEW STANDARDS – PUBLICATION

1. Website/Intranet
2. Badge Cards
 - Employees
 - On-site contractors
 - Off-site employees
3. Department News
4. Monthly Exercises
 - “Which of the following is NOT one of our Standards?”

The Millennium Health Standards of Conduct

COMPLIANCE CONTACTS

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1. Ask Questions, Seek Guidance.
2. Comply with Laws & MH Policies.
3. Suspect Something, Say Something.
4. Only Engage in Permitted Activities.
5. Follow Ethical Business Practices.
6. Accurately Submitted & Policy Permitted.
7. Business is Earned, Not Bought.
8. No Snooping.
9. No Guessing; Use Approved Messaging.
10. Only Providers Determine Medical Necessity.
11. Accurate Documents, Authentic Signatures.
12. Non-Retaliation, Confidentiality, Anonymity.

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THE NEW STANDARDS – MAKING IT STICK

1. Correlate the number of Standards to your company
2. Monthly promotional item from each department
3. Collect Data from Monthly exercises
 - Benchmark of correct responses
 - Trending of correct responses
 - Goal: data to evidence understanding
4. Engage your teams

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THANK YOU

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