



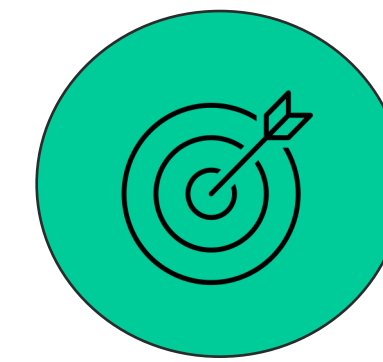
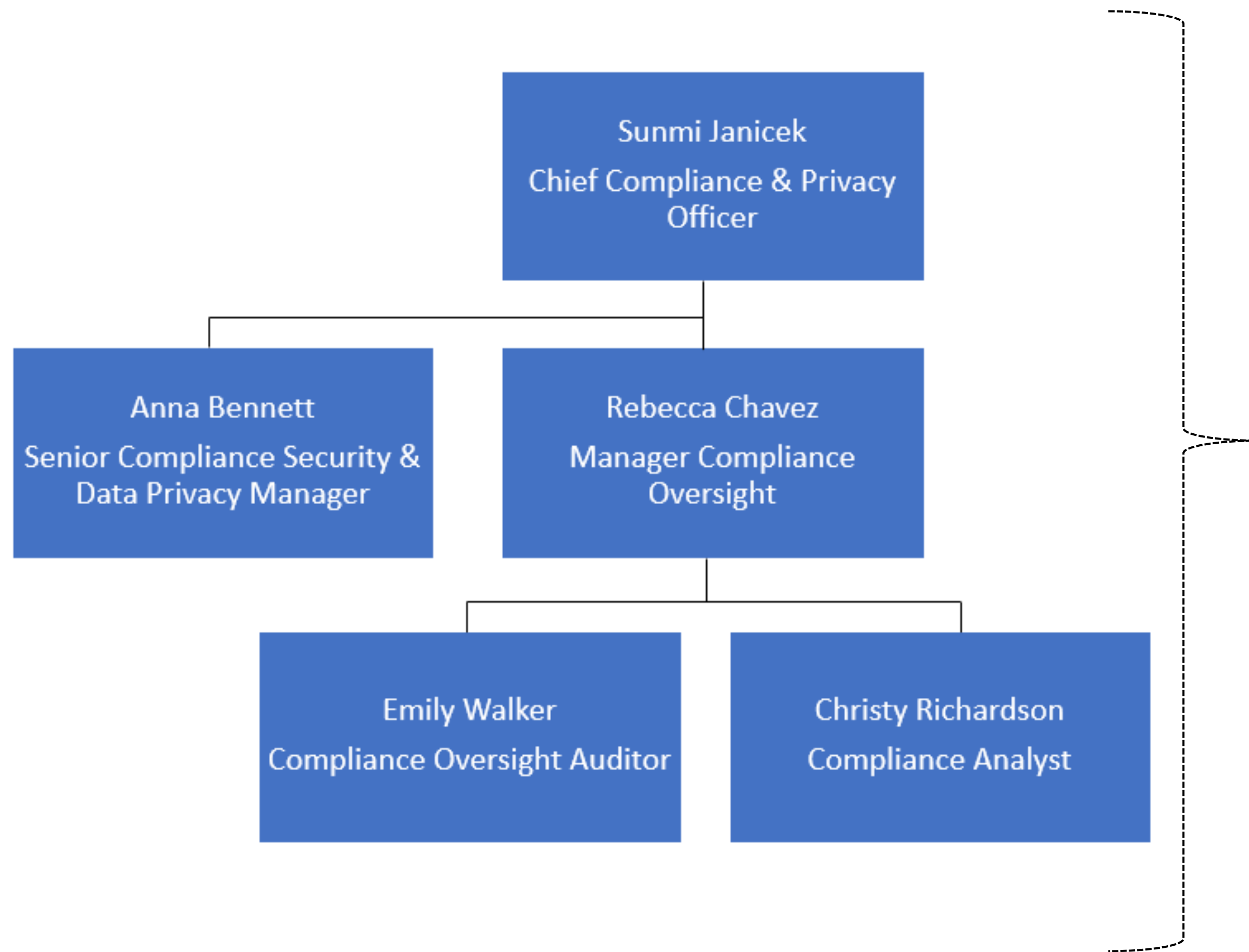
Vendor Compliance Training

March 2023



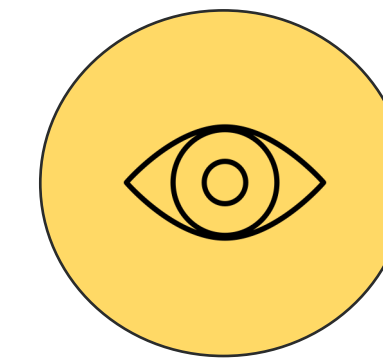
Compliance Team Introduction

The Compliance Team, Mission, Values



Mission

A culture of compliance built upon a foundation of integrity, quality, and objectivity.



Vision

To inspire the highest standards of integrity, honesty, and compliance throughout the organization.



Values

Integrity, Quality, Objectivity

The Ontrak Health Compliance Department follows the CMS Compliance Program Effectives Guidelines.

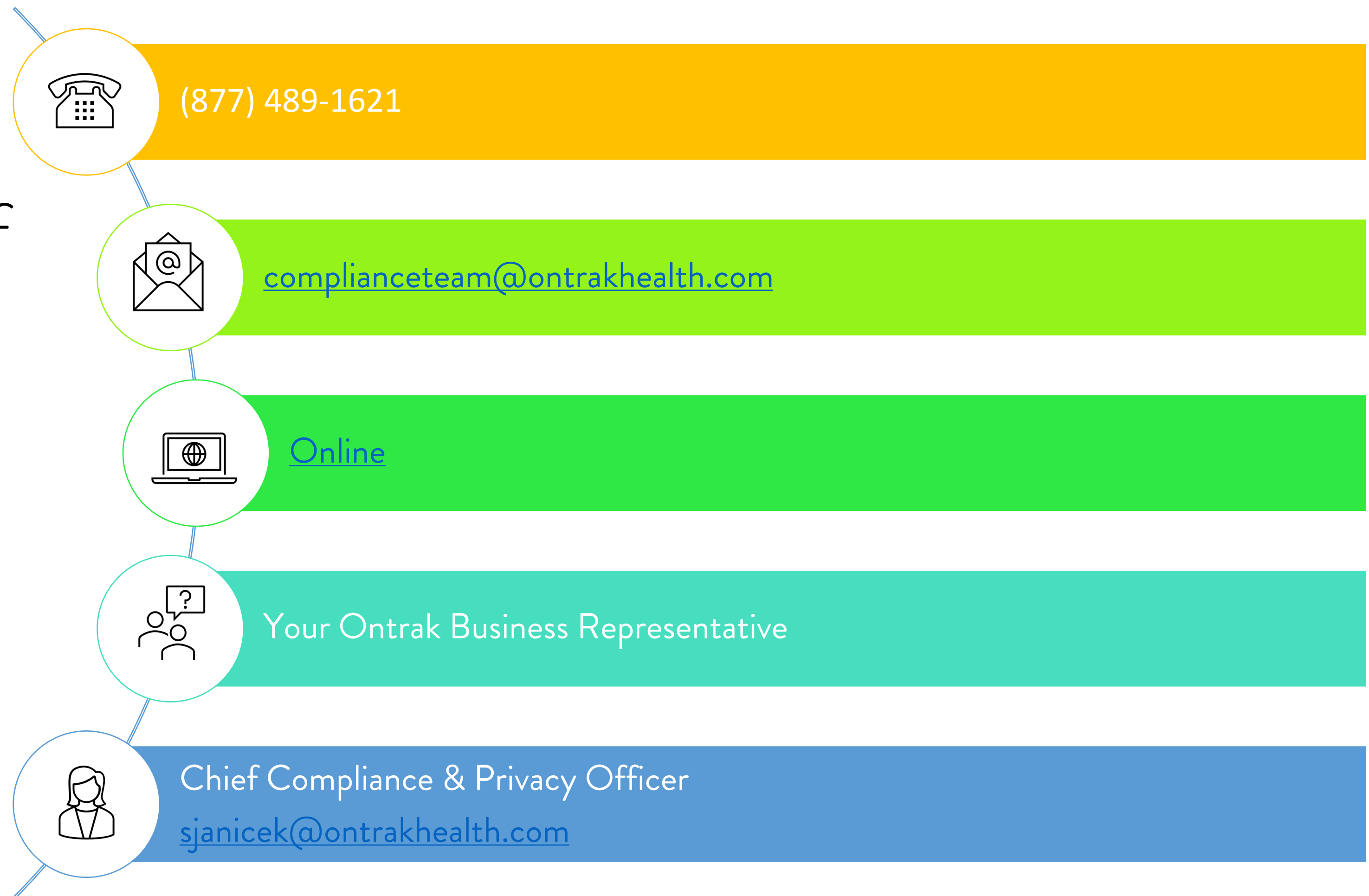
Compliance & Ethics Philosophy

“Our members, providers and customers entrust us with some of their most personal and private health data. That is why we dedicate ourselves to upholding this trust and fulfilling our job responsibilities with honesty, integrity, and commitment. To reach this goal, Ontrak will ensure compliance with the laws, rules and regulations that govern its operations, in order to live up to this commitment. Ontrak has developed principles and rules to be followed by all employees, members of the Boards of Directors, and other individuals who work with Ontrak to ensure that we are operating pursuant to the highest ethical and moral standards.”

Contacting Compliance

Report any concerns of

- HIPAA Privacy
- Non-compliance
- Fraud, Waste, or Abuse



Key Focus Areas

Fraud, Waste, & Abuse (FWA) - Defined

FRAUD

- Intentionally misrepresenting or concealing facts to obtain something of value.
- Requires:
 - ✓ Intentional dishonest action and misrepresentation
 - ✓ Willfully committed by a person/entity

WASTE

- Inaccurate payments for services, in instance such as:
 - ✓ Unintentional duplicate payment
 - ✓ Inappropriate utilization and/or inefficient use of resources

ABUSE

- Any practice that results in the provision of services that:
 - ✓ Are not medically necessary
 - ✓ Do not meet professionally recognized standards for health care
 - ✓ Are not fairly priced

Important Facts

The Office of the Inspector General (OIG) is responsible for investigating potential FWA. The False Claims Act outlines the penalties associated if an individual/entity are found guilty of defrauding the government.

Fraud requires intent to obtain payment and knowledge that it is wrong.

Waste and Abuse DO NOT require the same intent and knowledge while obtaining improper payment.

Fraud, Waste, & Abuse (FWA) - Examples



Identifying Suspicious Activity by:

Provider Key Indicators

- Submitting bills or claims for treatment or services that were never provided
- Falsifying the date of service to correspond with a member's coverage period
- Billing for non-covered services using incorrect codes in an attempt to have the services covered

Patient Key Indicators

- Prescription stockpiling and unlawful sales of goods
- Concealing information about additional coverage in order to lower out-of-pocket payments, or receiving inappropriate reimbursement from multiple plans
- Identity theft
- Doctor shopping
- Multiple providers are seen in an attempt to obtain multiple prescriptions. Usually includes deception and can be driven by addiction, or drug diversion for profit.

HIPAA

HIPAA Privacy Rule

The Privacy Rule protects patients' PHI while allowing exchanging of information to coordinate patient's care. The Privacy Rule also gives patients the right to examine and get a copy of their medical records, including an electronic copy of their electronic medical records, and to request corrections. Under the Privacy Rule, patients can restrict their health plan's access to information about treatments they paid for in cash, and most health plans can't use or disclose genetic information for underwriting purposes. The Privacy Rule allows you to report child abuse or neglect to the authorities.

Protected Health Information (PHI)

The Privacy Rule protects PHI held or transmitted by a covered entity or its business associate, in any form, whether electronic, paper, or verbal.

PHI includes information about:

- Common identifiers, such as name, address, birth date, and Social Security number
- The individual's past, present, or future physical or mental health or condition
- The provision of health care to the individual
- The past, present, or future payment for the provision of health care to the individual

The Privacy Rule requires Covered Entities and Business Associates to:

- Notify patients about their privacy rights and how you use their information
- Adopt privacy procedures and train employees to follow them
- Assign an individual to make sure you're adopting and following privacy procedures
- Secure patient records containing PHI, so they aren't readily available to those who don't need to see them

Protected Health Information (PHI)

18 Patient Identifiers

- Name
- Address (all geographic subdivisions smaller than state, including street address, city county, and zip code)
- All elements (except years) of dates related to an individual (including birthdate, admission date, discharge date, date of death, and exact age if over 89)
- Telephone numbers
- Fax number
- Email address
- Social Security Number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate or license number
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web URL
- Internet Protocol (IP) Address
- Finger or voice print
- Photographic image - Photographic images are not limited to images of the face.
- Any other characteristic that could uniquely identify the individual

Sanction Screenings

What is the OIG LEIE list?

The American healthcare system relies on government funded programs like Medicare and Medicaid. With this in mind, medical offices must ensure that their employees are in good standing with the U.S. Office of Inspector General (OIG). One way to do this is to screen employees against OIG List of Excluded Individuals and Entities (LEIE) at least once a month.

The United States Office of Inspector General (OIG) was established in 1976 to assess and prevent incidences of fraud and abuse within the national healthcare programs. This office investigates claims of Medicare and Medicaid fraud- any evidence of wrongdoing, the individuals involved end up on the LEIE list.

If an individual appears on the LEIE, they are not able to receive funds from Medicare, Medicaid, or any other government-funded healthcare program.

The OIG updates their list daily, and it is possible for individuals to be removed from the list after a certain period of time. Therefore, healthcare entities must be vigilant in screening their employees to ensure their staff is in compliance with OIG.

It is part of Ontrak Health's policy to screen employees, providers, vendors, contractors, consultants, temporary hires, volunteers and interns prior to new hire/contracting and monthly thereafter.

Resources

Resources

- › Ontrak Code of Ethics & Business Conduct
- › [Compliance Hotline Portal](#)
- › [Department of Health & Human Services HIPAA Guidance](#)
- › [Office of Inspector General \(OIG\)](#)
- › CMS Compliance Program Effectiveness Guidelines

Questions?

complianceteam@ontrakhealth.com

