

SFDPH

Annual Compliance and Privacy

Training Part 1

FY 24-25



*** IMPORTANT***

If you are a **DPH employee** or **UCSF employee** with a POI # **DO NOT** take this training.

This training is for CBO employees (with no ELM accounts), Contractors or designated CCSF employees **ONLY**.

See next page for instructions.



***IMPORTANT ***

For all DPH, CBO, & UCSF Employees assigned with a POI #: You must take the <u>training on the SF City employee portal</u> in order to obtain credit for taking your annual training.

If you have questions, email compliance.privacy@sfdph.org



Welcome to the San Francisco Department of Public Health's Annual Compliance and Privacy Training.

The objective of the training is to help everyone, regardless of their role, "do the right thing," protect patient privacy and comply with our regulatory requirements.





 CBO Employees and contractors are expected to take the course annually.



 This frequency refreshes everyone's understanding of privacy and compliance topics.

 In addition, it allows for updating the material based on new regulatory requirements or policy changes.



There are two presentations to be viewed. The first is on Compliance, and the second is on Privacy, and Data Security. Below you find the content areas for this training.

- Overview of Compliance
- Consequences for Non-Compliance
- The Code of Conduct
- Healthcare Laws
- DPH Policies

- HIPAA and Other Privacy Laws
- Privacy Guidelines
- Best Practices to Protect Privacy
- Consequences for Privacy Breaches
- DPH Specific Data Security Guidance



When you complete the training, there will be a quiz to complete.

You must pass the quiz with 999 % accuracy.

You will have multiple attempts to achieve a passing score.

The annual compliance and privacy training must be completed during each fiscal year. This training must be completed by June 30, 2025.



Finally, after completing the presentations, and the quiz, you will need to sign the Code of Conduct and the User Agreement for Confidentiality and Data Security.

Once you complete these steps, you will receive a certificate of completion. If your supervisor requires a copy of your certificate, you may download it, and e-mail it to your supervisor. Please do not send your certificate of completion to the Office of Compliance and Privacy Affairs.

If you have any questions about the training, please contact the Office of Compliance and Privacy Affairs (OCPA) by calling

1-855-729-6040 or compliance.privacy@sfdph.org



We will now begin the portion of the training related to Compliance, The Code of Conduct, Laws, and SFDPH Policy.





Compliance Objectives

By the end of the Compliance component you will demonstrate:

- 1. Knowledge of the DPH Compliance Program.
- 2. Review Healthcare Laws and Regulations
- 3. Understand the Code of Conduct
- 4. Review other City/DPH Compliance Policies



Compliance: Mission and Goals

Mission: To ensure integrity in DPH business and clinical operations.

• Goals

- 1. Promote compliance with healthcare laws and regulations
- 2. Improve compliance with coding, billing, and documentation
- 3. Integrate compliance into the daily operations of DPH

COMPLIANCE



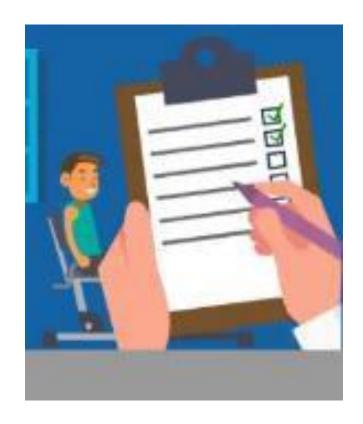
Being aware of and using best practices means DPH employees and contractors are providing high quality care to patients and protecting patient safety. It means we are following laws and regulations. And finally, it means we are helping to keep DPH financially secure.

Improved qualit	ty of care and patient s	afety	
Following laws	and regulations		
Better financial			



Quality of Care and Patient Safety

- Clear and thorough documentation
- Accurate coding
- Following Standard work and not taking shortcuts

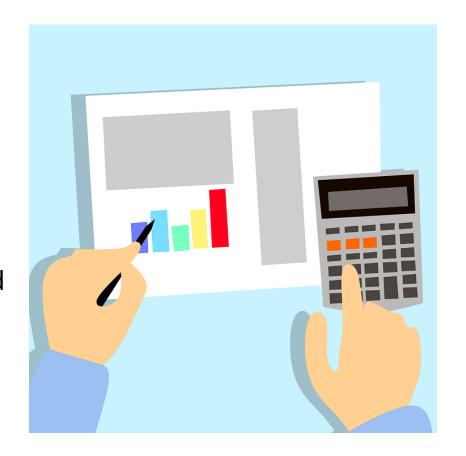




Financial Stewardship

Better documentation ensuresDPH gets paid for all services

Taking action on problems, and reporting issues, avoids penalties.





The federal and state government closely monitor fraud, waste and abuse to protect taxpayer dollars that fund patient care and population health services.

So, DPH, its contractors, and affiliates must carefully document services provided, bill correctly and follow regulations.



<u>Fraud</u> is the intentional deception or misrepresentation by a provider, organization or patient to obtain a payment or benefit to which they are not entitled. Some examples of fraud are:

- Knowingly billing for services not furnished or supplies not provided
- Spending grant money on items not specified in the grant
- A patient applying for benefits who uses someone else's identity





<u>Waste</u> is the over utilization of services, careless spending or other practices that result in unnecessary costs to the healthcare system. Some examples of waste are:

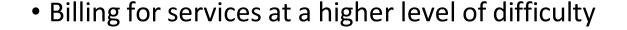
- Running unnecessary (such as duplicate) tests
- Letting supplies and medications expire
- Making excessive copies of paperwork





<u>Abuse</u> means provider practices that are improper, inappropriate, outside of acceptable standards of professional conduct or medically unnecessary. This results in improper payment for services. Examples of abuse are:

- Billing for unnecessary medical services
- Charging excessively for services or supplies







The False Claims Act (FCA) is one of several regulations that combat fraud, waste, and abuse. The FCA is what makes it ILLEGAL to submit a fraud or false claim for payment to the government.

The FCA, and other regulations work to:

- Reduce rising healthcare spending
- Fight fraud and abuse
- Establish enforcement mechanisms
- Encourage reporting by and prohibit retaliation against whistleblowers





Consequences for Violations of the False Claims Act

<u>Civil Penalties</u> - Can be personally assessed a substantial monetary civil penalty per claim plus triple the amount of each false claim.

<u>Exclusion</u> – A provider or entity is prohibited from participating in Medi-Cal, Medicare and other grant funded projects

<u>Criminal Prosecution</u> - Parties that submit false claims may be subject to criminal prosecution and other financial penalties

<u>Personal liability</u> – individuals are liable for fines and penalties if found to be responsible for violations



Whistleblower

*Federal, state and local government encourages reporting of fraud, waste, and abuse and has laws to protect you from retaliation for doing so

Someone who reports these instances is a whistleblower

There are policies to protect whistleblowers





Whistleblower

> Key Points of Whistleblower Protection

- Allows a person to come forward to report a suspected violation to people with the power to take corrective action
- Includes an anti-retaliation provision that protects whistleblowers from employer retaliation
- DPH and the City and County of San Francisco also have nonretaliation policies



Whistleblower

➤ How to report



- DPH Compliance, Ethics and Privacy Hotline
 - Report possible fraud, waste, abuse, wrongdoing, privacy incidents

(855) 729-6040 or compliance.privacy@sfdph.org

- City and County of San Francisco Controller's Office
 - Whistleblowers may report anonymously by contacting the Controller's Office Whistleblower Program at 415-554-7657 or 311. You can also submit a report via on-line at: https://sfcontroller.org/how-file-complaint



The DPH Code of Conduct establishes our shared values and how to conduct our work in an ethical manner. It outlines the responsibilities governing the conduct of DPH employees, students, contractors, affiliates, and volunteers. It is a "road map" guiding how we work. Particularly since DPH is a government entity, we are entrusted by the public to promote health and provide care with integrity.





About the DPH Code of Conduct:

- The Code helps support the mission of DPH's Compliance Program.
- The Code describes our commitment to conduct business practices in compliance with all applicable laws, regulations, and departmental policies.
- The Code addresses expected behaviors for all to follow, and, provides direction to all DPH employees, contractors, vendors, interns, volunteers, and others, who do business with or on behalf of DPH.



Key Points of the DPH Code of Conduct:

Work honestly, ethically, and responsibly;

- Respect the privacy and confidentiality of our clients, providers, patients, and residents
- Follow all departmental policies
- Conduct compliant billing and purchasing practices;

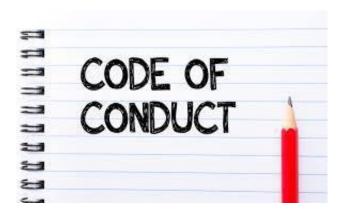


Key Points of the DPH Code of Conduct:

- Promote respectful behavior among staff
- Promote respectful behavior between staff and managers/supervisors
- Be respectful of clients, patients, coworkers, and managers regardless of gender, disability, race, color, religion, national origin, marital status, gender identity, or sexual orientation



- The Code also asks us to be aware of and avoid activities that may be dishonest, false, misleading, considered harassment, or a conflict of interest.
- Needs to be signed <u>annually</u> and is provided for your signature as part of the <u>Compliance and Privacy Training</u>.





An important policy to be aware of is regarding **Conflict of Interest**. A conflict of interest involves any circumstance where an employee has a personal or financial interest that may improperly influence the performance of DPH duties.

Actual or perceived conflicts of interest arise from a few different scenarios. These include using your work for your personal benefit, inappropriately accepting gifts, and having unauthorized outside employment.





Conflict of Interest: Personal Benefit

1. Exploiting one's professional or official capacity for personal benefit is prohibited.

Example: An employee is asked to review RFPs to select a new vendor and does not tell anyone that his sister-in-law owns one of the companies being reviewed.

2. Having direct supervision of, or responsibility for, the performance evaluations, pay, or benefits of any close relative or friend.

Example: A manager directly supervises her nephew.

3. Requiring subordinates to perform duties during work hours that is not consistent with the duties or responsibilities of the department.

Example: A supervisor asks his employee to sell raffle tickets for his son's school fundraised during work hours.



Conflict of Interest: Accepting Gifts

Accepting gifts or other improper invitations is prohibited in exchange for influence in conducting business with patients, payers, vendors, contractors, and other business associates.

Example: A City consultant gives your team gifts he says are just company "freebies." They include tickets to Warrior games, free restaurant vouchers, and other items.

Exceptions to the gift rules:

- □ Non-cash gifts worth \$25 or less per occasion (up to 4 times per year); and
- ☐ Gifts of food and drinks to be shared amongst your coworkers.



Conflict of Interest/Commitment: Outside employment

Outside employment can't interfere, or compete, with your organization's mission, business, or your ability to do your job.

If your organization has a policy, please follow your organization's procedures for approval of outside employment.



Thank You!

Congratulations you have successfully completed the Compliance portion of the training.

We appreciate your caring about compliance.





Next Steps

To receive credit for the annual Compliance and Privacy training:

Please move on to the Part 2 – Privacy and Data Security Module