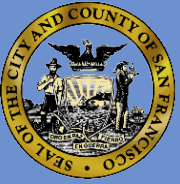


**SFDPH**

**Annual Compliance and Privacy**

**Training Part 1**

**FY 25-26**

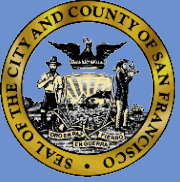


# \*\*\* IMPORTANT \*\*\*

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**.

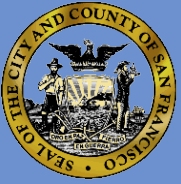
See next page for instructions.



# \*\*\* IMPORTANT \*\*\*

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

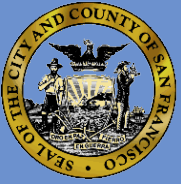
If you have questions, email [\*\*compliance.privacy@sfdph.org\*\*](mailto:compliance.privacy@sfdph.org)



# Annual Compliance and Privacy Training

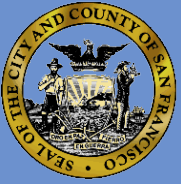
Welcome to the San Francisco Department of Public Health's Annual Compliance and Privacy Training for CBOs, contractors, and other affiliated persons.

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.



# Annual Compliance and Privacy Training

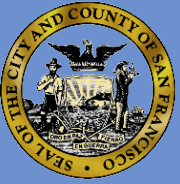




# Annual Compliance and Privacy Training

- 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.

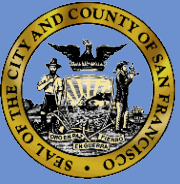




# Annual Compliance and Privacy Training

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



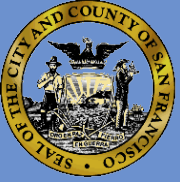
# Annual Compliance and Privacy Training

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

You must pass the quiz with 100 % accuracy.

You will have multiple attempts to achieve a passing score.

The annual compliance and privacy training must be completed during each fiscal year (July 1-June 30). Your organization may have its own internal deadlines for completion.



# Annual Compliance and Privacy Training

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. Your organization may need to evidence your completion to DPH.

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

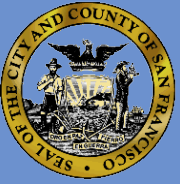
**1-855-729-6040** or **[compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org)**



# Compliance

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

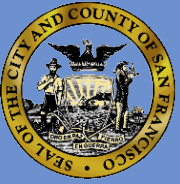




# Compliance Objectives

**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



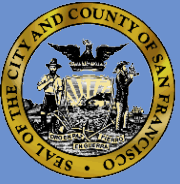
# Compliance: Mission and Goals

**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 daily operations.



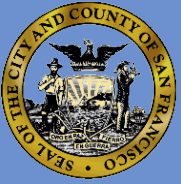
# Compliance

Being aware of and using best practices means we 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 maintain good financial stewardship.

Improved quality of care and patient safety

Following laws and regulations

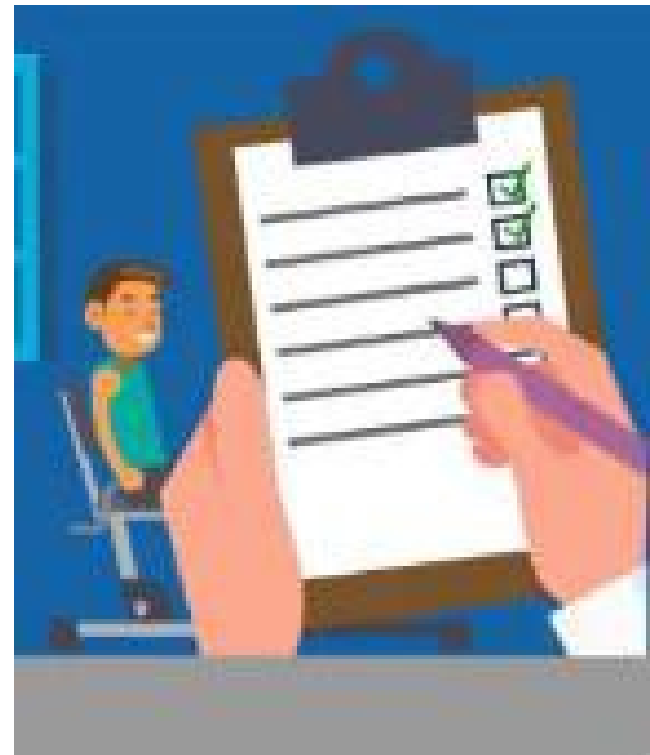
Better financial stewardship

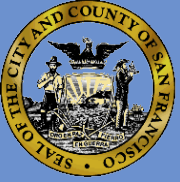


# Compliance

## Quality of Care and Patient Safety

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





# Compliance

## Financial Stewardship

- Better documentation ensures getting paid for all services.
- Taking action on problems, and reporting issues, avoids penalties.

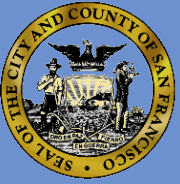




# Fraud, Waste, and Abuse

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

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

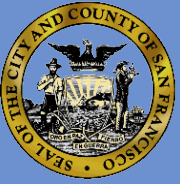


# Fraud, Waste, and Abuse

**Fraud** 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.



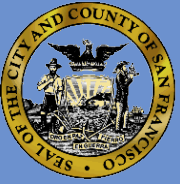


# Fraud, Waste, and Abuse

**Waste** 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.



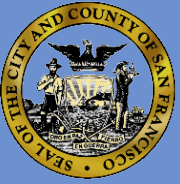


# Fraud, Waste, and Abuse

**Abuse** 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.
- Billing for services at a higher level of difficulty.





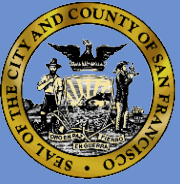
# Fraud, Waste, and Abuse

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.





# Fraud, Waste, and Abuse

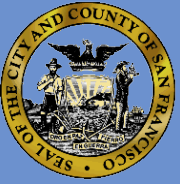
## Consequences for Violations of the False Claims Act

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

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

**Criminal Prosecution** - Parties that submit false claims may be subject to criminal prosecution and other financial penalties

**Personal liability** – individuals are liable for fines and penalties if found to be responsible for violations



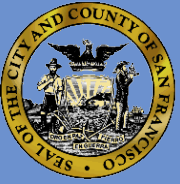
# Fraud, Waste, and Abuse

## Anti-Kickback Statute and Stark Law

Healthcare providers should be aware of two laws that protect against fraud and abuse.

The first is the **Anti-Kickback Statute or “AKS.”**

This is a federal law that prohibits offering, paying, asking for, or accepting anything of value in exchange for a patient referral. Things of value are money, gifts, discounts, free services or any other type of benefit.

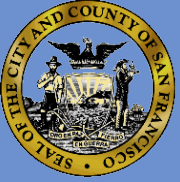


# Fraud, Waste, and Abuse

Examples of conduct that is not allowed under the **AKS**:

- A hospital paying a physician for patient referrals.
- A lab offering free equipment to a healthcare facility in exchange for lab referrals.
- A pharmaceutical company offering gifts to providers for prescribing its medications.

Penalties for AKS violations can include both monetary and criminal penalties.

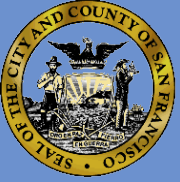


# Fraud, Waste, and Abuse

The second is the **Stark Law**.

This is also known as the **Physician Self-Referral Law** and prohibits physicians from referring Medicare or Medicaid patients to entities with whom the physician (or their family members) has a financial relationship.

Under the Stark Law, physicians are prohibited from referring Medicare and Medicaid patients to any entity they have a financial relationship with and from billing Medicare or Medicaid for services based on those referrals.



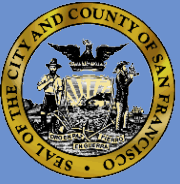
# Fraud, Waste, and Abuse

Examples of conduct that is **not** allowed under the **Stark Law**:

- A physician owns an interest in a diagnostic imaging center and refers patients to it for services.
- A family member of a physician owns a lab to which the physician directs patient referrals.

This does not apply to referrals to other providers within the same practice.

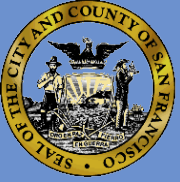
Penalties for Stark Law violation can include denial of payment, monetary penalties, and exclusion from participating in federal programs.



# Fraud, Waste, and Abuse

- ❖ 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



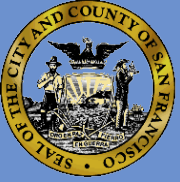


# Fraud, Waste, and Abuse

## Whistleblower Protection

### ➤ 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 non-retaliation policies



# Fraud, Waste, and Abuse

## ➤ How to report



- **DPH Compliance and Privacy Hotline**

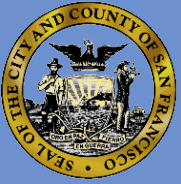
- Report possible fraud, waste, abuse, wrongdoing, privacy incidents

**(855) 729-6040 or [compliance.privacy@sfdph.org](mailto: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:

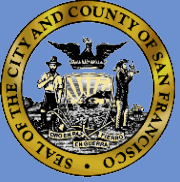
<https://sfcontroller.org/how-file-complaint>



# DPH Code of Conduct

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.

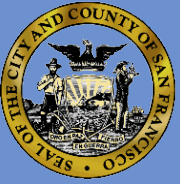




# DPH Code of Conduct

## 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.

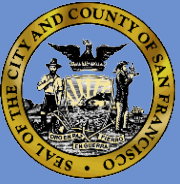


# DPH Code of Conduct

## Key Points of the DPH Code of Conduct:

Work honestly, ethically, and responsibly;

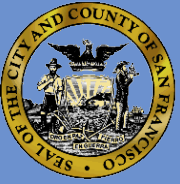
- Respect the privacy and confidentiality of our clients, providers, patients, and residents.
- Follow all departmental policies.
- Conduct compliant billing and purchasing practices.



# DPH Code of Conduct

## 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.



# DPH Code of Conduct

- 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 **annually** and is provided for your signature as part of the **Compliance and Privacy Training**.



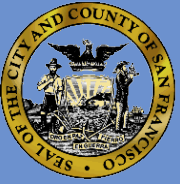


# DPH Policies

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 your 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.





# DPH Policies

## Conflict of Interest: Personal Benefit

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

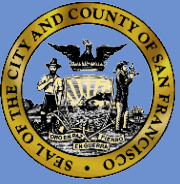
**Example:** *An employee is asked to review RFPs to select a new vendor and does not tell anyone that his sister-in-law owns one of the companies being reviewed.*

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.*



# DPH Policies

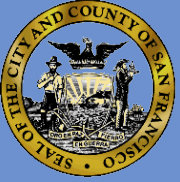
## Conflict of Interest: Accepting Gifts

Avoiding a conflict of interest related to inappropriately accepting gifts means not accepting any gifts in exchange for a decision or action that benefits the person giving the gift. This includes gifts from patients, payers, vendors, contractors, and other business associates. You also cannot accept a gift for doing what you are paid to do.

There are some specific rules around gifts to remember.

**Restricted Sources:** A restricted source is any person or entity that contracts or is seeking a contract with DPH. A restricted source is also any person or entity that is subject to licenses or permits issued by DPH. The definition of restricted source also applies to any person or entity affiliated with the restricted source and continues for 12 months after a contract ends, a permit is issued, or after negotiations if no contract was awarded.

**Your organization may also have its own rules regarding gifts, please check with your organization to understand the rules that apply to you.**



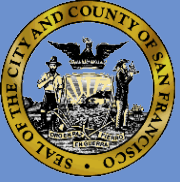
# DPH Policies

## Conflict of Interest: Accepting Gifts (continue)

DPH employees are not permitted to accept any gift from a restricted source in any form or amount, or from any person acting on behalf of the restricted source. That also means that a restricted source cannot make a gift to a family member or an organization on someone's behalf. This prohibition includes food brought in by a restricted source even if it is to be shared.

Gifts from subordinates: DPH staff are not permitted to accept any gift or any loan from any person that they supervise either directly or through the chain of command.

**Your organization may also have its own rules regarding gifts, please check with your organization to understand the rules that apply to you.**

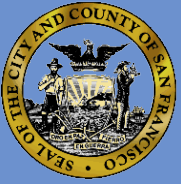


# DPH Policies

## 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.**

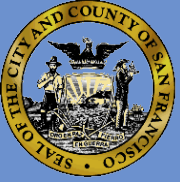


# Thank You!

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

We appreciate your caring about compliance.

*Thank  
you!*



# Next Steps

To receive credit for the annual Compliance and Privacy training:

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