

**AUBURN COMMUNITY HOSPITAL &  
THE FINGER LAKES CENTER FOR LIVING  
17 LANSING STREET  
AUBURN, NEW YORK 13021**

Subject: <b>Compliance Training, Education and Evaluations</b>	Policy No.: CC: 2
• Department: Administration: Corporate Compliance	Page: 1 of 5
	Date Issued: 1/25/2012

**SCOPE:**

This Policy applies to all persons affected by the organization’s risk areas, including employees, the chief executive officer and other senior administrators, managers, and contractors, agents, subcontractors, independent contractors, and governing board and corporate officers of Auburn Community Hospital (“ACH”) and its affiliated entities, including Auburn Memorial Medical Services, P.C. (“AMMS”), Anesthesia Group, and Finger Lakes Center for Living (“FLCL”) (“Affected Individuals”), as appropriate. Note, ACH, AMMS, Anesthesia Group and FLCL are referred to collectively as “Hospital” hereunder.

**PURPOSE:**

The purpose of this Policy is to set forth the general education and training guidelines and goals of the Hospital’s Corporate Compliance and Ethics Program (“Compliance Program”). The Hospital currently maintains an employee training and education program which will educate all current and future Persons associated with the Hospital about the Compliance Program and thus, the Hospital’s commitment to compliance with applicable laws and ethical principles.

**POLICY:**

It is the policy of the Hospital to conduct an effective compliance training and education program to help ensure that each Person who performs a function on behalf of the Hospital is fully capable of executing his or her duties in conformity with applicable laws, rules, regulations, and other standards.

**PROCEDURE:**

The Compliance Committee or its designee will coordinate performance of the duties set forth herein. All Persons must attend a new employee and annual training session regarding the Compliance Program. All new Persons shall receive a copy of the Code of Conduct at the training session. Thereafter, the Code of Conduct and the Hospital’s Compliance Program shall be available as amended from time to time on the Hospital’s website:

[www.auburnhospital.org](http://www.auburnhospital.org)

Employees may also access a hard copy of the Code of Conduct and the Compliance Program Handbook by calling the Compliance Office at 253-1719.

The Compliance Committee or its designee will be responsible for developing and implementing a comprehensive education and training program in conjunction with Department Managers, Executive Administration, and the Board of Trustees. Monthly training sessions will provide an overview of the Compliance Program, OMIG Elements of Participation (8), Compliance Program Policies (21) and any applicable federal and state laws and regulations. Included in the training, which is reflected in the policies, are minimum expectations of all staff and an overview of the operation of the program. These sessions with management are intended to assure compliance and provide information used to educate all staff through department meetings.

Attendance at training sessions is considered mandatory and must be made up/reviewed at a later time. If any person continually fails to attend these sessions, it may result in disciplinary action.

1. New Employee Orientation (NEO):

The Director of Human Resources will be responsible for ensuring that all new employees and other Persons associated with the Hospital shall each receive training through a training session regarding the Compliance Program no later than sixty (60) days after commencing their employment or engagement with the Hospital.

No management employee, whether full-time, part-time, subcontracted, or temporary, will be authorized to act for the Hospital without first reading the Compliance Program and documenting that fact in writing.

Compliance-related matters covered in NEO may include, but are not limited to, the following areas:

- A. General overview of the Hospital's Code of Conduct and Compliance Program;
- B. Relevant health care fraud, waste, and abuse laws;
- C. How to contact the Compliance Office;
- D. the Hospital's Non-Retaliation Policy;
- E. Other compliance topics as deemed appropriate by the Compliance Committee or Compliance Officer.

See attached Power Point slide presentation used for NEO.

Each new Person shall be required to sign the New Employee Acknowledgement that they have received Compliance Program training and will adhere to Compliance Program requirements and that failure to comply with the Program may lead to disciplinary action, a copy of which shall be given to the Person and a copy will be retained in the Person's personnel file.

2. Annual Training Sessions:

All staff associated with the Hospital shall undergo an annual training session regarding the Compliance Program. This session(s) shall seek to assess each person's knowledge

and understanding of the Compliance Program. Additionally, each individual will be given a review of the Compliance Program and will be informed of any modifications or amendments. Amendments to the Compliance Program will be addressed at the time of the training and available on the hospital website.

Training will include web based means (HealthStream) and may take place during one or more training sessions. In addition, Department Managers, Executive Administration, and the Board of Trustees will attend monthly training sessions which will provide an overview of the Compliance Program, OMIG Elements of Participation (8), Compliance Program Policies (21) and any applicable federal and state laws and regulations.

See attached monthly itinerary used for Department Managers, Executive Administration, and the Board of Trustees.

See attached training/education used for Department Managers, Executive Administration, and the Board of Trustees.

The Hospital recognizes that the duties of certain Persons affect the accuracy of claims for reimbursement submitted to government payers, such as Medicare and Medicaid, and to private payers. Consequently, it is important for certain Persons to receive targeted compliance education and training, including periodic updates. The Compliance Committee or its designee shall identify those Persons who require targeted education. Examples of such Persons include, but are not limited to, billing and coding staff, patient accounting, finance, and marketing. The Compliance Committee or its designee and various departments shall develop and implement targeted compliance education and training. Please refer to Compliance Policy #10 Documentation and Coding- Education and Training for further guidance.

Documentation of education will be maintained in a format to be determined by the Hospital.

3. Periodic Manager/Supervisor Acknowledgment:

Selected managers and supervisors may be advised to provide the following confirmation:

- A. Pledge to exercise best efforts to assure compliance by subordinates; and,
- B. Confirmation that subordinates have been advised of their obligations to adhere to and participate in the Compliance Program.

4. Compliance Education and Training as Part of Employee Evaluation Process:

Attendance at NEO and participation in annual/periodic compliance education and training is an expectation of performance for all employees, which shall be reflected in employee evaluations.

Failure to attend and/or participate in required compliance education and training sessions may result in disciplinary action, up to and including termination of employment or affiliation with the Hospital.

Managers and supervisors who complete employee evaluations shall be responsible for verifying that all annual employee evaluations include the promotion of, and adherence to, the elements of the Compliance Program as a factor in evaluating all employees. The Compliance Committee or its designee shall implement the necessary policies and procedures to include compliance as an element of all employee annual evaluations.

5. Board of Trustees.

Each Member of the Board of Trustees shall receive initial compliance training soon after appointment to the Board and on an annual basis thereafter, during such Member's term. The Compliance Officer shall provide monthly education to Board Members which will provide an overview of the Compliance Program, OMIG Elements of Participation (8), Compliance Program Policies (21) and any applicable federal and state laws and regulations. Each Board Member shall have access to the Compliance Program including the policies and procedures whether electronic or otherwise.. The Compliance Officer shall assure the availability of the Compliance Program to Board Members.

6. Code of Conduct/Compliance Policies and Procedures.

- A. Distribution to Employees. All new Employees shall receive a copy of the Compliance Program upon New Employee Orientation ("NEO"). Thereafter, the Compliance Program shall be available as amended from time to time on the Hospital's web site: [www.auburnhospital.org](http://www.auburnhospital.org) Employees may also access a hard copy of the Compliance Program by calling the Compliance Office at (315) 253-1719.
- B. Website. The Compliance Program available on the website shall be maintained and periodically updated by the Compliance Officer or his/her designee, in cooperation with Information Technology.
- C. Certification. Each Employee, upon completion of the education program (HealthStream or monthly session), will have documentation of attendance available. This documentation can be easily accessed by the employee and management.

7. Documentation and Retention of Attendance Logs and Other Materials:

The Compliance Committee or its designee shall maintain its own attendance logs for all compliance education and training sessions conducted. Attendance and scope of education are also available in meeting minutes (Directors, Executive Admin, Board of Trustees). Attendance logs should include, but are not necessarily limited to, the following information:

- A. Educational Services:

- 1) Employee name and title;
- 2) Employee's department;
- 3) Date and time of attendance;
- 4) General description of the educational session (attach program information/handouts to logs).

B. Attendance logs plus program attachments and other documentation required by this Policy shall be retained for a minimum of six (6) years, or in accordance with the Hospital's record retention policies and procedures, whichever is longest.

8. Deficit Reduction Act of 2005 Compliance.

A. The Hospital must establish/maintain detailed written policies regarding:

- 1) The federal False Claims Act;
- 2) The New York State False Claims Act;
- 3) Any other applicable state civil or criminal laws and state and federal whistleblower/non-retaliation protections; and
- 4) Hospital's policies and procedures for detecting and preventing waste, fraud and abuse.

B. Hospital, under the direction of the Compliance Officer, or his/her designee, must disseminate the policies and information referenced above in to all:

- 1) Employees; and
- 2) Contractors, subcontractors and agents who, on behalf of Hospital, furnishes, or authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by Hospital.

9. Professional Educational Courses.

Periodic professional continuing education courses required by applicable state and/or federal law and regulation for certain Hospital personnel shall be administered by Human Resources and/or Educational Services.

10. Yearly Reevaluation of Compliance Education and Training Program:

At least annually the Compliance Committee or its designee shall evaluate the effectiveness of the Hospital's corporate compliance education and training efforts. The evaluation shall take into consideration New York State compliance elements, the OIG's, and OMIG's annual work plans and other compliance initiatives in developing the content of future compliance education and training programs.

Approved: John W. Baganski, MT(ASCP) Corporate Compliance Officer 10/29/2024

Name	Title	Date
Approved: <u>John W. Baganski</u>	<u>Corporate Compliance Officer</u>	<u>1/21/2019</u>
Name	Title	Date

Revised: 1/22/2019

Reviewed: 6/15/14, 8/30/2016, 1/22/2019