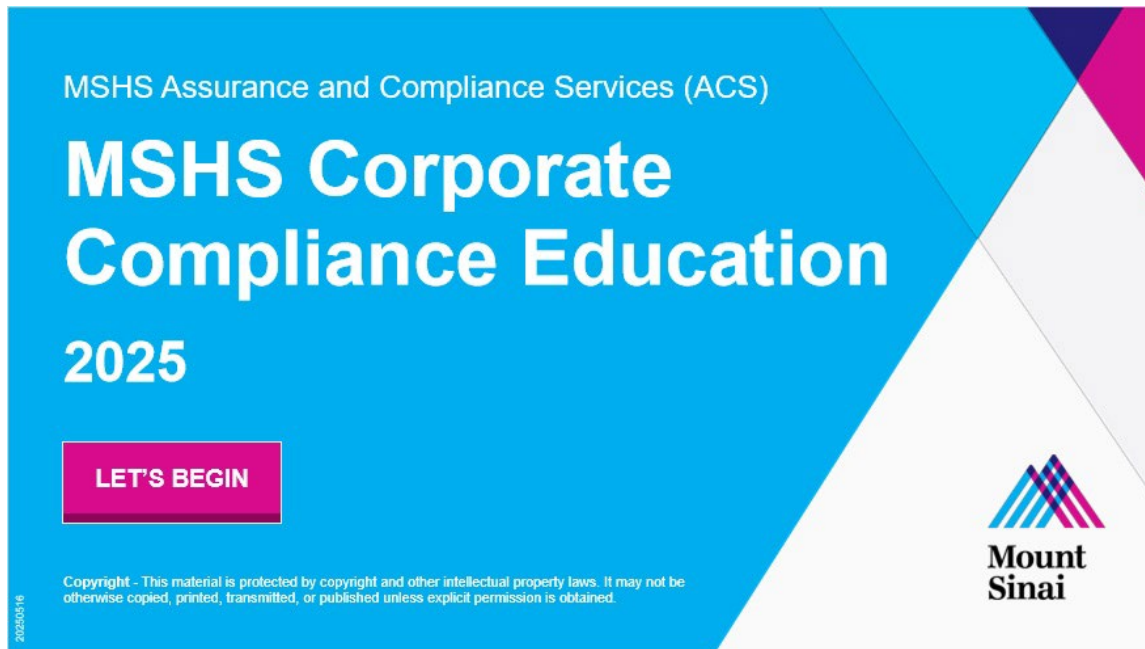
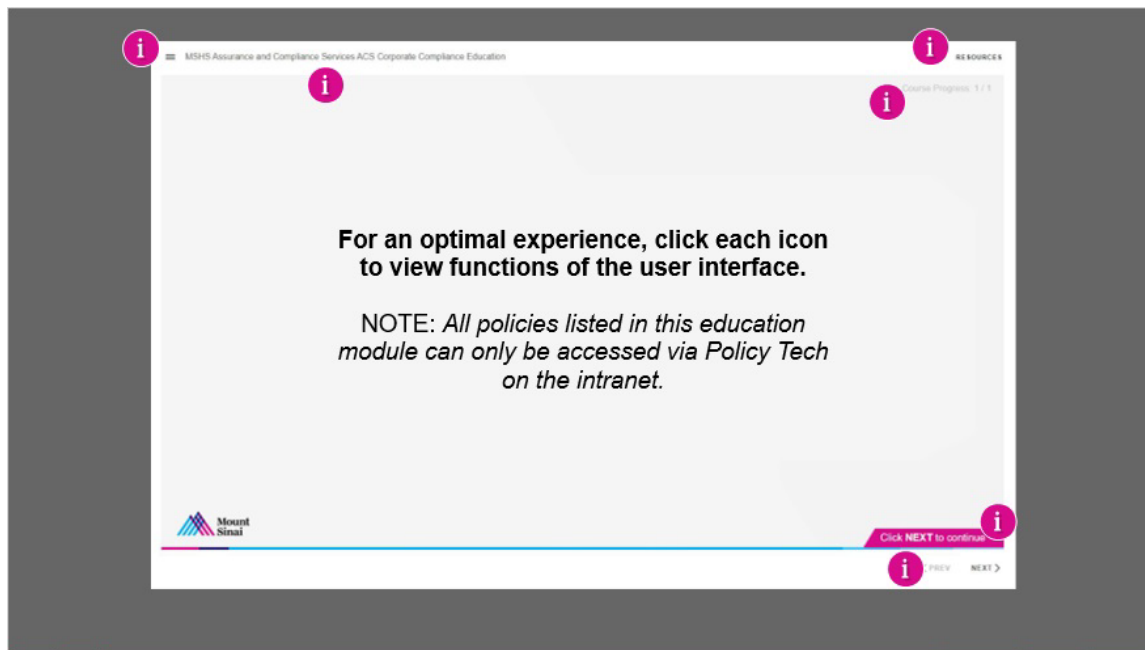


MSHS Assurance and Compliance Services ACS Corporate Compliance Education 2025

1.1 Welcome




1.2 Functions



1.3 Content

Introduction



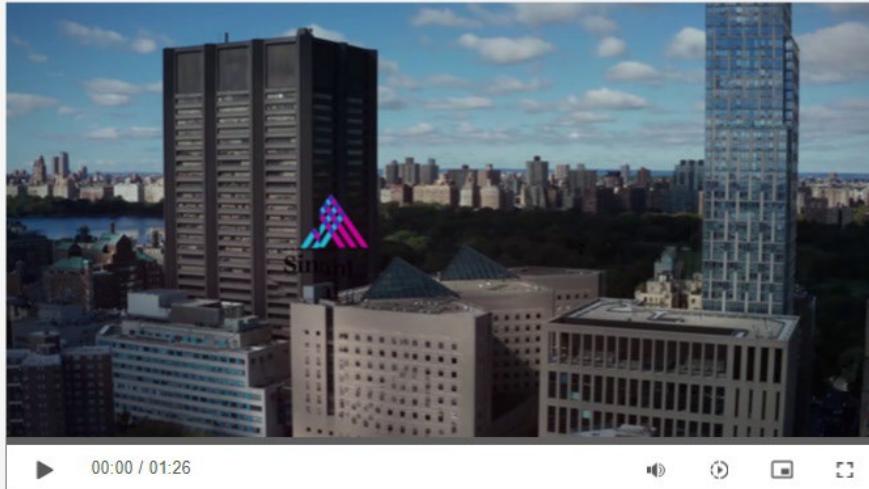
CORPORATE
COMPLIANCE
PROGRAM

This education module will increase and enhance your knowledge about key regulations and how the Corporate Compliance program ensures regulatory guidelines are applied across the Mount Sinai Health System (MSHS).

- Code of Conduct
- Fraud, Waste and Abuse
- Corporate Compliance Helpline
- Conflicts of Interest and Vendor Relations

1.4 A Message from our Chief Compliance Officer

A message from our Chief Compliance Officer....



1.5 Content

Why Do We Have a Compliance Program?

Hospitals and Health Systems, like the Mount Sinai Health System (MSHS), that participate in Medicare and Medicaid Plans, must implement an effective Compliance Program, as mandated by government agencies.

The Offices of Inspector General (OIG) and the Medicaid Inspector General (OMIG) require faculty, staff, trainees and other affected individuals to be educated on certain mandatory Corporate Compliance topics and our organizational expectations on an annual basis.

"Affected Individuals includes: Board of Trustees; Officers; Executives; Employees; Faculty; Medical Staff members; Residents and Fellows; Students; Volunteers; and Consultants, Agents, Vendors, Contractors, Subcontractors and Independent Contractors who on behalf of MSHS furnish or authorize the furnishing of health care item or services, perform billing or coding functions, or who monitor the health care provided by MSHS (i.e., those individuals or entities that contribute to MSHS's entitlement to payment under the Medicare and Medicaid programs), herein after referred to as "Affected Individuals".

1.6 content

Compliance Programs Play an Instrumental Role in Reducing Risk

National Healthcare spending is forecasted to reach \$6 trillion by 2027 and is expected to grow at an average annual rate of over 5% for the 2019-2027 period.

The federal government mandates the implementation of robust compliance programs to prevent fraud.



Through the Compliance Program, our organization seeks to **prevent**, **detect**, and **mitigate risks**. It also articulates the health system's commitment to comply with all federal and New York State (NYS) standards.

CMS predicts healthcare spending will skyrocket to \$6 trillion by 2027 | Healthcare Finance News

1.7 Content

The Office of Assurance and Compliance Services (ACS)

The Office of Assurance and Compliance Services (ACS) is one of the corporate teams responsible for mitigating risk across all business areas of the Mount Sinai Health System.



1.8 Content



1.9 Content

Role of the Corporate Compliance Officer

The Corporate Compliance Officer's responsibilities include:

- ✓ Coordinating, developing and implementing of the Corporate Compliance Program including the Code of Conduct, related policies and procedures, and educational training programs
- ✓ Reporting to leadership and the Audit and Compliance Committee of the Board of Trustees
- ✓ Establishing and monitoring Corporate Compliance Helpline
- ✓ Independently investigating any possible unethical, unlawful, or improper business practices
- ✓ Planning and overseeing regular, periodic audits of operations
- ✓ Responding to inquiries regarding any aspect of compliance
- ✓ Performing an annual self-assessment of the compliance program
- ✓ Coordinating with the regulatory officials to ensure completion of certifications
- ✓ Establishing methods to improve efficiency, quality of services and reduce vulnerability to fraud, waste, and abuse

1.10 Content

Role of the Corporate Compliance Committee

The Corporate Compliance Committee's functions include:

- ✓ Advising the Corporate Compliance Officer and assisting in the implementation of the Corporate Compliance Program
- ✓ Receiving and acting upon reports and recommendations of the Corporate Compliance Office with respect to legal and regulatory requirements
- ✓ Reviewing the Code of Conduct and recommending any changes deemed necessary
- ✓ Reviewing and approving policies and procedures with respect to institutional or enterprise risk, inclusive of the risk of fraud and discussing the significant risk exposures and the steps management has taken or will take to monitor and control such exposures
- ✓ Reviewing and recommending adoption of audits and other monitoring activities
- ✓ Reviewing the Corporate Compliance Helpline summary log and recommending process improvements and/or other corrective actions
- ✓ Performing other advisory functions as requested by the Corporate Compliance Officer

1.11 Content

It Is Our Expectation That You:

- ✓ Upon hire, and annually thereafter, review & complete mandatory Compliance education such as Corporate Compliance, the HIPAA Compliance module as well as specialized Compliance modules as directed by your leadership
- ✓ Recognize compliance issues, and the required methods/expectations for reporting
- ✓ Be aware of the MSHS disciplinary policies for individuals who violate MSHS policies, or encourage, direct, facilitate, or permit non-compliant behavior
- ✓ Understand the resources & responsibilities of the MSHS Corporate Compliance Office

1.12 Knowledge Check

Knowledge Check

The MSHS Code of Conduct applies to the following who on behalf of Mount Sinai furnish or authorize the furnishing of health care item or services, perform billing or coding functions, or who monitor the healthcare provided by Mount Sinai:

Select your answer and **Submit**.

- ☐ A) Board of Trustees, Officers and Executives
- ☐ B) Employees, Faculty, Medical Staff members, Residents and Fellows
- ☐ C) Students and Volunteers
- ☐ D) Consultants, Agents, Vendors, Contractors, Subcontractors and Independent Contractors
- ☒ E) All of the above

Submit

Correct (Slide Layer)

Knowledge Check

The MSHS Code of Conduct applies to the following who on behalf of Mount Sinai furnish or authorize the furnishing of health care item or services, perform billing or coding functions, or who monitor the healthcare provided by Mount Sinai:

Select your answer and **Submit**.

- ☐ A) Board of Trustees, Officers and Executives
- ☐ B) Employees, Faculty, Medical Staff members, Residents and Fellows
- ☐ C) Students and Volunteers
- ☐ D) Consultants, Agents, Vendors, Contractors, Subcontractors and Independent Contractors
- ☒ E) All of the above

Correct
The correct answer is E) All of the above

Continue

Submit

Incorrect (Slide Layer)

Knowledge Check

The MSHS Code of Conduct applies to the following who on behalf of Mount Sinai furnish or authorize the furnishing of health care items or services, perform billing or coding functions or who monitor the health care provided by MSHS (i.e., those individuals or entities that contribute to MSHS's entitlement to payment under the Medicare or Medicaid programs), herein after referred to as "Affected Individuals." This policy applies to all Affected Individuals.

Select the correct answer:

☐ A) Board of Trustees; Officers; Executives; Employees; Faculty; Medical Staff members; Residents and Fellows; Students; Volunteers; and Consultants, Agents, Vendors, Contractors, Subcontractors and Independent Contractors who on behalf of MSHS furnish or authorize the furnishing of health care items or services, perform billing or coding functions or who monitor the health care provided by MSHS (i.e., those individuals or entities that contribute to MSHS's entitlement to payment under the Medicare or Medicaid programs), herein after referred to as "Affected Individuals." This policy applies to all Affected Individuals.

☐ B) Board of Trustees; Officers; Executives; Employees; Faculty; Medical Staff members; Residents and Fellows; Students; Volunteers; and Consultants, Agents, Vendors, Contractors, Subcontractors and Independent Contractors who on behalf of MSHS furnish or authorize the furnishing of health care items or services, perform billing or coding functions or who monitor the health care provided by MSHS (i.e., those individuals or entities that contribute to MSHS's entitlement to payment under the Medicare or Medicaid programs), herein after referred to as "Affected Individuals." This policy applies to all Affected Individuals.

☐ C) Board of Trustees; Officers; Executives; Employees; Faculty; Medical Staff members; Residents and Fellows; Students; Volunteers; and Consultants, Agents, Vendors, Contractors, Subcontractors and Independent Contractors who on behalf of MSHS furnish or authorize the furnishing of health care items or services, perform billing or coding functions or who monitor the health care provided by MSHS (i.e., those individuals or entities that contribute to MSHS's entitlement to payment under the Medicare or Medicaid programs), herein after referred to as "Affected Individuals." This policy applies to all Affected Individuals.

☐ D) Board of Trustees; Officers; Executives; Employees; Faculty; Medical Staff members; Residents and Fellows; Students; Volunteers; and Consultants, Agents, Vendors, Contractors, Subcontractors and Independent Contractors who on behalf of MSHS furnish or authorize the furnishing of health care items or services, perform billing or coding functions or who monitor the health care provided by MSHS (i.e., those individuals or entities that contribute to MSHS's entitlement to payment under the Medicare or Medicaid programs), herein after referred to as "Affected Individuals." This policy applies to all Affected Individuals.

☒ E) All of the above

Continue

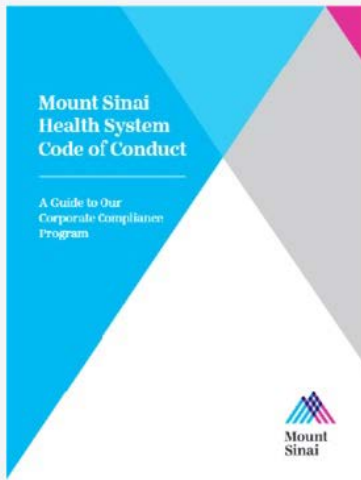
Submit

1.13 Code of Conduct

Code of Conduct

1.14 Content

The Mount Sinai Health System Code of Conduct



- The Mount Sinai Code of Conduct is a framework document that reflects our organization's continual commitment to ensuring that all "Affected Individuals" who on behalf of Mount Sinai furnish or authorize the furnishing of health care item or services, perform billing or coding functions, or who monitor the healthcare provided by Mount Sinai conduct themselves in an ethical and legal manner at all times
- Additionally, under the motto, **"One Way...the Right Way,"** the Code of Conduct defines acceptable behavior and consequences for non-compliance

1.15 Content

The Mount Sinai Health System's Code of Conduct. Your Responsibilities:

- All staff members are expected to familiarize themselves with the Code of Conduct and any other policies that are applicable to their job functions
- Failure to meet these standards may result in disciplinary action up to and including termination
- If you are in doubt about how the Code's principles, standards or policies apply, you may speak with your supervisor, Human Resources or the Compliance department for guidance

The Code can be found at the following Intranet location:

<https://icahn.mssm.edu/files/ISMMS/Assets/pdf/Compliance-Code-Conduct-Web-Spread-Pages.pdf>

Compliance with the Code of Conduct is a Requirement of Continued Employment

The Code of Conduct is supplemented by other organizational policies such as the Human Resources Rules of Conduct policy #13.2.

1.16 Content

Examples of Topics Included in the Code of Conduct

TABLE OF CONTENTS	
PROGRAM OVERVIEW	6
Purpose of	6
Responsibility	6
Compliance Overview	6
Leadership Responsibility for	6
CODE OF CONDUCT	7
Organizational Ethics and Quality of Care	7
Patient Care and Patient Rights	7
Emergency Care	7
Confidentiality/Health Information	8
Patient Confidentiality and	8
Confidentiality of Business	8
Conducting Mount Sinai Business	9
Oversight of Mount Sinai/Patient Assets	9
Accuracy, Retention and Disposal of Documents and Records	9
Trade Practices/Unfair Practices	10
Physician Relationships	10
Anti-Kickback and Referral Laws	10
Referrals	10
Third Party Relationships	10
Billing, Coding and Reimbursement	10
Cost Reports	10
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Deficit Reduction Act of 2005	12
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Tax Status	12
Government Inquiries and Investigations	12
Personal Use of Mount Sinai Resources	13
Copyright	13
Electronic Media	13
Workplace Conduct and Practices	14
General	14
Equal Employment Opportunity and Diversity	14
Employment/	14
Harassment/	14
Investigations	15
Loyalty and Conflicts of Interest	15
Conflicts of Interest	15
Outside or Dual	15
Research and Grant Submission	16
Gifts and Entertainment/Business Contributions	16
Political Activities and Contributions	17
Promotion of Products	17
Securities and Insider Information	17
Research and Grant Requirements	18
Health and Workplace Safety	19
Environmental Health and Safety	19
Substance Abuse and Impairment	19
Business and Community Conduct	20
Fundraising	20
Marketing and Advertising	20
Relationships with Suppliers, Vendors and Subcontractors	20
Responsible Use of Social Media	20

Together, applying the ethical principles and values included in the Code of Conduct, we strengthen a culture of compliance across the health system and improve the effectiveness of the Compliance Program

**“One Way...
the Right Way”**

1.17 Knowledge Check

Knowledge Check

Does the MSHS Code of Conduct include only behavioral expectations that are related to federal and state laws?

Select an answer and click **Submit** for the result.

☐ Yes

☒ No

Submit

Correct (Slide Layer)

Knowledge Check

Does the MSHS Code of Conduct include only behavioral expectations that are related to federal and state laws?

Select an answer

☐ Yes

☒ No

Correct

Obeying the law is a minimal standard of behavior but an industry such as healthcare, where public trust and expectations are extraordinarily high –we must be held to a higher standard. **Our Code of Conduct does just that.**

Mount Sinai's Code of Conduct includes information relevant to expectations as they relate to Mount Sinai's Corporate policies.

Continue

Submit

Incorrect (Slide Layer)

Knowledge Check

Does the MSHS Code of Conduct include only behavioral expectations that are related to federal and state laws?

Select an answer

☐ Yes

☒ No

Incorrect

Obeying the law is a minimal standard of behavior but an industry such as healthcare, where public trust and expectations are extraordinarily high –we must be held to a higher standard. **Our Code of Conduct does just that.**

Mount Sinai's Code of Conduct includes information relevant to expectations as they relate to Mount Sinai's Corporate policies.

Continue

Submit

1.18 Fraud, Waste, and Abuse

Fraud, Waste and Abuse

1.19 Content

Health care Fraud vs. Health care Abuse

One of the differences between fraud and abuse is the intent behind the action

Fraud

is intentional deception or misrepresentation with knowledge that the information is false.

Waste

is defined as the thoughtless or careless expenditure, mismanagement, or abuse of resources. Waste also includes incurring unnecessary costs resulting from inefficient or ineffective practices, systems, or controls.

Abuse

involves actions that are inconsistent with accepted fiscal or business healthcare practices and result in an unnecessary cost or reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare.

1.20 Content

Fraud, Waste and Abuse Laws

All Hospitals are required to comply with three (3) significant Federal laws:

False Claims Act ("FCA")

Anti-Kickback Statute ("AKS")

Physician Self-Referral Law ("Stark Law")

Fraud, Waste and Abuse ("FWA") can happen at the provider, supplier, and beneficiary level.


To continue, click each law to learn more.

False Claims Act (Slide Layer)

False Claims Act

CLOSE X

Prohibits the submission of false or fraudulent claims to the government. Over 70% of the False Claims Act settlements in prior years have come from relators, also known as whistleblowers. The False Claims Act is regulated by the Department of Justice ("DOJ"). The Federal **False Claims Act** is widely regarded as the most effective tool in combating **fraud** against the federal government. Several settlements published by the DOJ surpassed over \$70 million.



Florida Laboratory Agrees to Pay over \$1.1 Million to Settle Kickback Allegations

False /Claims Act Example:

NEWARK, N.J. – A clinical laboratory located in Orlando, Florida, has agreed to pay more than \$1.1 million to resolve kickback allegations, U.S. Attorney Philip R. Sellinger for the District of New Jersey and Principal Deputy Assistant Attorney General Brian M. Boynton, head of the Justice Department's Civil Division, announced today.

Genesis Reference Laboratories LLC (Genesis) has agreed to pay \$1,195,845.82 to resolve False Claims Act allegations that its marketers paid illegal kickbacks to health care providers in violation of the Anti-Kickback Statute to induce the providers' laboratory testing referrals. Genesis has agreed to cooperate with the Department of Justice's investigations of, and litigation against, other participants in the alleged scheme.

Anti-Kickback Statute (Slide Layer)

Anti-Kickback Statute

Prohibits offering, paying or soliciting or receiving anything of value to induce referrals. Convictions under this statute are considered criminal and can result in large fines, penalties and incarceration.

The Anti-Kickback Statute ("AKS") is regulated by the Office of Inspector General.

Individuals are being held personally accountable by the DOJ for corporate wrongdoing in FCA cases and settlements.

Did you know that the Anti-Kickback Statute:

- Is not exclusive to providers. It prohibits referrals to or from anyone
- Includes any items or services reimbursed by a federal healthcare program
- Consists of all federal healthcare programs (not only Medicare/Medicaid)


Physician Self-Referral Law (Slide Layer)

Physician Self-Referral Law ("Stark Law")

The Stark Law prohibits non-Mount Sinai employed healthcare providers from referring patients for certain services to entities where the external provider (or an immediate family member) has a financial interest unless the relationship falls within an allowable exception (e.g., employment or lease arrangement).

The Stark law final changes took effect January 1, 2022. These updates primarily shifted towards patient care coordination and value-based arrangements with levels of risk-sharing.

The Stark Law is regulated by the Centers of Medicare Services ("CMS").



Penalties for physicians who violate the Stark law include fines as well as exclusion from participation in the Federal health care programs.

The Final Rule was published at 85 Fed. Reg. 77492 (Dec. 2, 2020).

1.21 Content

The Deficit Reduction Act of 2005 (“DRA”) & The False Claims Act (“FCA”)

The Federal Deficit Reduction Act (“DRA”) of 2005, Section 6032, requires entities that make or receive annual Medicaid payments of \$5 million or more to provide, in writing, policies applicable to all employees, contractors and agents, detailed information about:

- The Federal False Claims Act (“FCA”) and any state laws that pertain to civil or criminal penalties for making false claims and statements, as well as the “whistleblower” protection under such laws.
- The rights of the employees to be protected as “whistleblowers” when they report suspected violations of such laws.
- The organization’s methods for detecting and preventing Fraud, Waste and Abuse (“FWA”)

ACS-C.06 Deficit Reduction Act- Fraud and Abuse and Whistleblower Provisions

This policy is available on PolicyTech via the intranet.

Did you know?

The MSHS as a NYS Medicaid provider must provide an annual certification to OMIG because we receive greater than \$5 million in Medicaid payments

1.22 Content

Common Examples of Provider Fraud That Are Relevant In Our Day-To-Day Activities:

Common examples of provider fraud	
1	Billing for services that were not provided (e.g., a chest x-ray that was never taken)
2	Duplicate billing which occurs when a provider bills Medicaid and also bills private insurance and/or the recipient for the same service
3	Upcoding (e.g., providing a simple office visit and billing for a higher-level comprehensive visit)
4	Having an unlicensed person perform services that only a licensed professional should render, and billing is submitted as if the licensed professional provided the service
5	Acceptance of illegally referred Medicare and Medicaid patients
6	Kickbacks to pharmacy providers

1.23 Content

Common Examples of Improper Payments:

According to CMS, improper payment rates do not necessarily mean the provider committed fraud. It is important to know the difference between healthcare fraud and improper payments.

Improper payments are:	
1	Payments that failed to meet certain statutory, regulatory or administrative requirements
2	Payments that resulted in an overpayment or underpayment
3	Payments made to the right recipient in the right amount but not in strict adherence to the relevant statute or regulation

1.24 Content

Suspect Fraud? Please Call.

What are the Penalties?

Those who defraud the federal and/or New York state government can end up paying triple the damage done to the government plus a fine (currently a maximum of \$29 thousand) for every false claim, in addition to the claimant's costs and attorney's fees. These monetary fines are in addition to potential incarceration, revocation of licensure and/or becoming an "excluded" individual.

You do not have to intend to defraud the government to violate the False Claims Act.

You can be punished if you act with deliberate ignorance or reckless disregard of the truth.

If you are aware of or suspect fraudulent practices within the institution, report it to the Office of Assurance and Compliance Services or to the confidential **Corporate Compliance Helpline (800) 853-9212**.

1.25 The Corporate Compliance Helpline

The Corporate Compliance Helpline

1.26 Content

Why Do We Have a Compliance Helpline?

We are all responsible for complying with a wide range of legal requirements.

The Helpline was specially created to answer your questions if you are unsure about compliance with legal requirements or institutional policies.



- Callers can remain anonymous
- All calls are treated as confidential
- You are **expected** to report your concerns or violations through your department's leadership reporting structure
- The **Helpline** offers another reporting alternative

1.27 Content

How Does the Compliance Helpline Work?

Upon receiving an inquiry on the Compliance Helpline, the Compliance Office will:

Assign the matter to the appropriate Compliance staff member to be reviewed and addressed in a timely manner

Conduct an investigation or an audit as appropriate and report its findings to senior leadership as deemed necessary

Work with administration to take disciplinary action/termination against workforce members who:

- Violate any legal requirements and/or institutional policies
- Fail to report violations
- Retaliate against individuals who report possible violations in good faith
- Encourage, direct, facilitate, or permit non-compliant behavior

1.28 Content

Why call the Compliance Helpline?

If you are unsure of whether the conduct you are concerned about is improper, the Helpline can provide information and help clarify the issue.

Mount Sinai's leadership values and addresses employees' concerns regarding potential violations of the law and is committed to preventing retaliation.



**If It Concerns You,
It Concerns Us.**

If you have a question or concern about a **compliance** or **ethical** issue related to your job, your department, or the institution, please call us.

**Confidential
Compliance Helpline
1-800-853-9212**

We are here to help.



Learn more.

The Confidential Compliance Helpline is managed by the Office of Assurance and Compliance Services.

1.29 Content

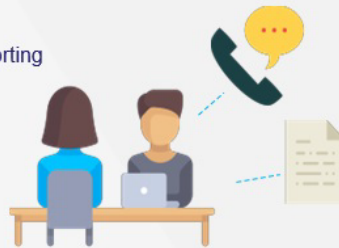
Reporting Violations

You are expected to come forward

Reports should be made either in person, by telephone or in writing to any of the following:

- Your supervisor
- The Human Resources / Labor Relations Department
- The Mount Sinai Health System Compliance Office 212-241-3211 or compliance.info@mountsinai.org
🔗 <https://www.lighthouse-services.com/mountsinai/>
- The Compliance Helpline 1-800-853-9212
- The HIPAA Office 646-605-7130
- Graduate Medical Education Office ("GME")
🔗 https://mountsinai.formstack.com/forms/gme_concerns_reporting

There shall be no retaliation for good faith reporting of actual or possible violations of MSHS's policy, federal, or state requirements.



1.30 Content

Non-Retaliation and Non-Intimidation Policy Protections

The Mount Sinai Health System follows federal and New York State Labor Law in connection with non-intimidation and non-retaliation expectations. These laws, protect employees when they report suspected or known violations or misconduct in good faith.

What are Retaliation and Intimidation?

Any behavior, gesture or written, verbal or physical act that is reasonably perceived as being motivated by the reporting of suspected or known violations or misconduct.

The policy includes but is not limited to topics such as:

- Reporting potential issues
- Investigation issues
- Self-evaluations, audits, and reporting to appropriate officials

🔗 **ACS-C.04 Non-Intimidation and Non-Retaliation**
This policy is available on PolicyTech via the intranet.



1.31 Content

Non-Retaliation and Non-Intimidation at MSHS

Asserting Equal Employer Opportunity (EEO) Rights is called "protected activity"

Each department's administrator has primary responsibility for administering, implementing and educating department's employees regarding this policy.



What are some examples of protected activities?

- Filing a discrimination/ harassment claim
- Cooperating with a workplace investigation
- Reporting concerns about unsafe or illegal activities

1.32 Content

Disciplinary Standards

- Any Affected Individual who violates any legal requirements or institutional policies, including failing to report a violation or retaliates against any individual for reporting in good faith a possible violation or encouraging, directing, facilitating or permitting non-compliant behavior shall be subject to disciplinary action up to including termination of employment, removal from the Medical Staff, termination of contract or termination of relationship with MSHS.
- Intentional or reckless behavior is subject to more significant disciplinary action.
- The procedure for taking disciplinary action consists of Compliance conferring with the Affected Individual's Department leadership, Human Resources, Labor Relations, Legal and other internal stakeholders, as appropriate, regarding the disciplinary action to be applied. A notice of the disciplinary action to be applied will be issued to the Affected Individual and maintained in their personnel file.
- Such disciplinary action shall be in accordance with any MSHS existing disciplinary policies; including but not limited to, Human Resources policies, Hospital policies, Medical Staff By-Laws, Faculty Handbook, and collective bargaining/labor agreements. Discipline will be fairly, firmly and consistently enforced.

1.33 Knowledge Check

Your Opinion Counts!

How do you personally think you can contribute best to strengthen a culture of Compliance at the Mount Sinai Health System?

Select your answer and **Submit**.

- ☐ A) Proactively Identifying Risks
- ☐ B) Verifying Policies
- ☐ C) Contacting the Compliance Helpline
- ☒ D) Avoiding Conflicts of Interest

Submit

Thank you for your response! (Slide Layer)

Your Opinion Counts!

How do you personally think you can contribute best to strengthen a culture of Compliance at the Mount Sinai Health System?

Select your answer and **Submit**.

- ☐ A) Proactively Identifying Risks
- ☐ B) Verifying Policies
- ☐ C) Contacting the Compliance Helpline
- ☒ D) Avoiding Conflicts of Interest

Thank you for your response!
There is no incorrect answer. Your Opinion Matters!

Continue

Submit

Thank you for your response! (Slide Layer)

Your Opinion Counts!

How do you personally think you can contribute best to strengthen a culture of Compliance at the Mount Sinai Health System?

Select your answer and Submit

☐ A) Proactively

☐ B) Verifying Po

☐ C) Contacting

☒ D) Avoiding Co

Thank you for your response!

There is no incorrect answer. Your Opinion Matters!

Continue

Submit


1.34 Conflicts of Interest and Vendor Relations

Conflicts of Interest and Vendor Relations

1.35 Content

Conflicts of Interest Program at the Mount Sinai Health System

By leadership design, the Conflicts of Interest program at Mount Sinai is comprehensive and includes:

 Industry Engagement and Conflicts of Interest Office	 Financial Conflicts of Interest in Research	 Corporate Compliance
Industry Engagement and Conflicts of Interest Office (Faculty) Conflicts.of.Interest@mssm.edu Helpline (212) 241-0845		Corporate Compliance Conflicts of Interest Office (Non-Faculty/Staff) Compliance.info@mountsinai.org

1.36 Content

Definition of a Conflict of Interest

In clinical care settings, a conflict of interest is defined as "a set of circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary interest".

A conflict of interest occurs:

- When an individual's private interest interferes in any way
- Or appears to interfere with the interests of the organization as a whole

 Conflicts are sometimes inevitable	 Conflicts do not imply guilt	 Disclosures do not equal conflict	 Most conflicts are manageable	 Education, guidance & awareness are essential
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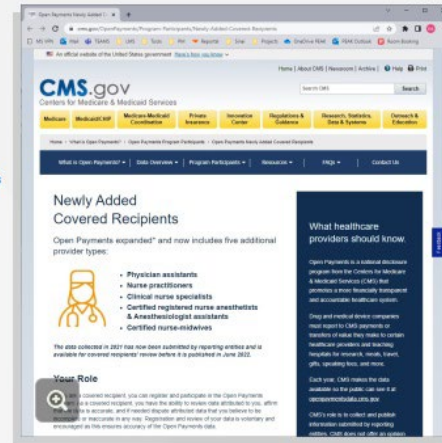
1.37 Content

Conflicts of Interest: The Physician Sunshine Act

The Physician Sunshine Act as part of the Affordable Care Act (ACA), plays an important role to achieve transparency in industry relations. It requires **applicable entities and Group Purchasing Organizations (GPOs)** to publically report certain payments and other transfers of value given to physician and other advanced practitioners in Open Payments.

<https://www.cms.gov/priorities/key-initiatives/open-payments/program-participants/covered-recipients>

<https://openpaymentsdata.cms.gov/about>



1.38 Content

The MSHS Conflicts of Interest Program Objectives



Meet federal disclosure requirements for reporting industry relationships



Review outside relationships to ensure organizational risks are mitigated



Assist staff in undergoing analysis and identifying when a potential conflicts of interest may arise

Not-for-profit organizations like the Mount Sinai Health System are frequently subject to enhanced public scrutiny, especially where there is an appearance that their officers, directors, or trustees have inappropriately benefited from the organization's charitable mission.

1.39 Content

Conflicts of Interest Policies

Why do we have Conflicts of Interest (COI) Policies and a COI Program?

In order to avoid conflicts or the appearance of conflicts, MSHS has established guiding principles in the Business Conflicts of Interest (for faculty and staff) and the Trustee/Institutional Leader Conflicts of Interest policies.

🔗 ACS-C.05 Business Conflicts of Interest

This policy is available on PolicyTech via the intranet.

1.40 Content

Conflicts of Interest Policies

What do the COI policies state?

- MSHS mandates that all trustees, faculty, certain staff members, institutional officials, and members of select committees complete an annual disclosure statement via **Mount Sinai's e-Disclosure Management System**
- There is an obligation **to disclose any outside relationship, paid or unpaid**, with an entity that does / seeks to do business with Mount Sinai, or competes with Mount Sinai
- All relationships will be reviewed by the appropriate COI office (the Committee does not review all disclosures) to determine appropriateness and/or create management plans, as necessary, in order to remove the conflict or appearance of a conflict
- There is an obligation to continually update the annual disclosure statements within 30 days of the date of the change

These policies have the common goal to ensure that decisions are made solely to promote the best interests of Mount Sinai and our patients *without favor or preference based on personal considerations.*

🔗 Click here to see eDMS' access page <https://icahn.mssm.edu/research/portal/resources/industry-engagement-conflict-of-interest/disclosing-financial-relationships/edms-platform>

1.41 Content

Interactions With Vendors and Other Commercial Entities: Potential Risk Areas

Below are examples of activities and engagements to ensure conflicts of interest are avoided and industry standards for agreements are met. The Industry Engagement and Conflicts of Interest Office (faculty) and Corporate Compliance (non-faculty /staff) review the following type of engagements among others:

- Industry-funded Speaking Engagements
- Consulting Relationships
- Educational Event Vendor Sponsorship
- Participation in videos, brochures, press releases, and the creation of educational materials, etc.
- Ownership/Equity Arrangements
- Intellectual Property



An attestation form MUST be forwarded for review to the respective Conflicts of Interest Office, along with supporting documentation

1.42 Content

The Mount Sinai Health System Policy on Staff Interactions with Vendors and Other Commercial Entities

Relations with vendors are common in our industry and can often be complex. Whether the objective is to disseminate important scientific information or to achieve optimal business outcomes, it is important that vendors abide by our institutional policies and expectations. Vendor representatives who visit our facilities must adhere to the following:

- Mount Sinai policies and expectations
- A registration process:
 - Online via 3rd party vendor for major hospital sites or
 - Onsite at local ambulatory practices and offsites
- Pre-scheduled appointments
- **No provisions of gifts, samples or meals**



🔗 **ACS-C.21 Policy on Staff Interactions with Vendors and Other Commercial Entities**

This policy is available on PolicyTech via the intranet.

1.43 Knowledge Check

Knowledge Check

Can a vendor visit unannounced at any MSHS hospital?

Select an answer and click **Submit** for the result.

☐ Yes

☒ No

Submit

Correct (Slide Layer)

Knowledge Check

Can a vendor visit unannounced at any MSHS hospital?

Correct

That's right! Vendors cannot visit unannounced.

Vendors must always have an appointment.

Vendors visiting MSHS hospitals can register online at <https://www.ghx.com/vendor-credentialing-and-compliance/>. Upon arrival, vendors will receive a badge with appointment detail.

Vendors visiting ambulatory and offsite practices will be screened upon arrival and must have an appointment.

Continue

Submit

Incorrect (Slide Layer)

Knowledge Check

Can a vendor visit unannounced at any MSHS hospital?

Incorrect

No. Vendors cannot visit unannounced.

Vendors must always have an appointment.

Vendors visiting MSHS hospitals can register online at <https://www.ghx.com/vendor-credentialing-and-compliance/>. Upon arrival, vendors will receive a badge with appointment detail.

Vendors visiting ambulatory and offsite practices will be screened upon arrival and must have an appointment.


Continue

Submit

1.44 Content

Accepting a gift would be a violation of the MSHS Staff Interactions with Vendors and Other Commercial entities policy

We should not accept any gifts such as:




No Thank You

- Transportation Reimbursement
- Travel Accommodations
- Tickets to Events
- Meals
- Discount on Products or Services

- Cash or equivalent
- Payments of any kind
- Stock or Other Securities
- Gift Cards
- Group Gifts from Vendors to be Shared by Staff


No Thank You



1.45 Content

Vendor Relations Case Scenario

Sarah, the clinical department's head, recently lost her husband. Sarah created a personal organization (e.g., LLC) to raise funds for rare blood's disease research. She is planning a charity fundraiser in December and ponders inviting several of the Mount Sinai suppliers whom she works closely.



Should I invite Samuel, head of Novartis's purchasing department?

Peter, our main contact for "name of supplier" is always very responsive, let me call him.

I should contact Charles, our head of Oncology to see what vendors he would recommend me to contact

Do any of these actions represent conflicts of interest?
All these actions could be considered conflicts of interest

1.46 Content

Vendor Relations Case Scenario

Why any of these actions can be perceived as a conflict of interest

A couple of issues:

1. Sarah cannot benefit personally from these activities. Sarah would be approaching Mount Sinai's approved vendors to aid her own company

Employees are not permitted to use Mount Sinai premises or Mount Sinai resources for the benefit of personal outside activities
2. Suppliers might feel pressured to give money in order to keep the corporate business
Solicitation of any kind is not permitted

Managing conflicts of interest requires a clear understanding of what a conflict of interest is

1.47 Content

Assurance & Compliance (ACS) Services Department Key Contact List

Frank Cino
Senior Vice President and Chief Compliance Officer

Program Area	Name	Title
Corporate Compliance	Lou Schenkel	Vice President, Chief Privacy Officer
Corporate Compliance	Vivian Dillon	Vice President
Internal Audit Services	Darrick Fuller	Vice President
HIPAA Privacy & Security	Heather Chamides	Director
HIPAA Security	Raymond Shelton	HIPAA Security Officer
Billing Compliance	Kaysha Lall	Director
Environmental Health & Safety	Sal Tranchina	Senior Director
Research Compliance	Vivian Mitropoulou	Director

*For more information about the Assurance & Compliance Services Department please visit the following link:
<https://www.mountsinai.org/about/compliance>*

1.48 content

Compliance Starts with YOU!



Thank you (Slide Layer)

Thank you

CLOSE COURSE

This window will close upon clicking the "CLOSE COURSE" button.
Please remember to return to PEAK and click the **NEXT** button to receive your completion certificate.

BACK STOP NEXT

