

# COMPLIANCE CONNECTION

## MAY 2025



This newsletter is prepared monthly by the Midland Health Compliance Department and is intended to provide relevant compliance issues and hot topics.

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#### Ten Ethical Behaviors That Drive Better Compliance

Midland Health PolicyTech: Policy #88  
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### FRAUD & ABUSE LAWS

The five most important Federal Fraud and Abuse Laws that apply to physicians are:

- 1. False Claims Act (FCA):** The civil FCA protects the Government from being overcharged or sold shoddy goods or services. It is illegal to submit claims for payment to Medicare or Medicaid that you know or should know are false or fraudulent.
- 2. Anti-Kickback Statute (AKS):** The AKS is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients).
- 3. Physician Self-Referral Law (Stark law):** The Physician Self-Referral Law, commonly referred to as the Stark law, prohibits physicians from referring patients to receive "designated health services" payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies.
- 4. Exclusion Statute:** OIG is legally required to exclude from participation in all Federal health care programs individuals and entities convicted of the following types of criminal offenses: (1) Medicare or Medicaid fraud; (2) patient abuse or neglect; (3) felony convictions for other health-care-related fraud, theft, or other financial misconduct; and (4) felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances.
- 5. Civil Monetary Penalties Law (CMPL):** OIG may seek civil monetary penalties and sometimes exclusion for a wide variety of conduct and is authorized to seek different amounts of penalties and assessments based on the type of violation at issue. Penalties range from \$10,000 to \$50,000 per violation.

Resource:

<https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/>



MIDLAND HEALTH

### COMPLIANCE TEAM

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## Ten Ethical Behaviors That Drive Better Compliance

### ETHICAL BEHAVIORS THAT PROMOTE COMPLIANCE

These ethical behaviors improve the moral culture and reduce the risks of regulatory violations. Implementing best practices to promote these behaviors—whether throughout the workplace or in compliance training—reinforces ethical conduct.

**1. Integrity:** Integrity in the workplace is exemplified by employees acting honestly and transparently— even when nobody's watching. Employees who demonstrate integrity uphold a company's rules and regulations by maintaining a strong foundation. *Employees who value integrity tend to take reporting more seriously and value their company's code of conduct. Compliance training should enforce a sense of integrity and pride in workplace endeavors. That way, employees are encouraged to be respectable and want to maintain this standard.*

**2. Accountability:** Accountability involves employees taking responsibility for their actions. If a workplace ensures employees feel safe, that can encourage them to hold themselves accountable rather than blame others or hide the truth, which may lead to fraud or misconduct. *Employees who take accountability can be guided toward proper compliance while identifying workplace shortcomings that must be addressed. Achieving this requires fostering a safe, ethical environment that encourages accountability without fear of judgment or retaliation, ultimately strengthening the overall compliance culture.*

**3. Fairness:** It's vital to remain impartial when conducting internal investigations or reviewing day-to-day tasks. Maintaining an ethical workplace ensures equitable treatment for all employees and prevents conflicts of interest. *Workplace investigations deemed unfair could tarnish employees' trust and hinder compliance. Demonstrating that investigations are conducted fairly by being transparent and providing timely updates increases employees' confidence in the process and willingness to continue reporting misconduct.*

**4. Respect:** Respect is demonstrated by conducting appropriate conversations and healthy discussions around disagreements or disputes. This is important because it prevents people from spurring conflict in the workplace without a sense of resolve. Reinforcing a culture of respect in the workplace lowers the chance of incidents and reduces the risk of scandal. *Integrating respect into a workplace's code of conduct is one of the most effective ways to strengthen its culture. It encourages employees to be more mindful—especially as public expectations for corporate responsibility continue to rise. Today, people expect companies to uphold a code of conduct that prioritizes respect in the workplace and client interactions. Demonstrating respect isn't just valued internally; it also enhances a company's reputation and trustworthiness.*

Read entire article:

[https://compliancecosmos.org/ten-ethical-behaviors-drive-better-compliance?\\_zs=72SGM1&\\_zl=k8hj7](https://compliancecosmos.org/ten-ethical-behaviors-drive-better-compliance?_zs=72SGM1&_zl=k8hj7)



MIDLAND HEALTH Compliance HOTLINE

855-662-SAFE (7233)

ID#: 6874433130

ID# is required to submit a report.

You can make your report or concern ANONYMOUSLY.



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**Destruction of Protected Health Information****PURPOSE**

This policy will establish guidelines for appropriate destruction of protected health information.

**Policy**

- I. Destruction of patient health information shall be carried out in accordance with federal and state laws, and pursuant to a written retention schedule and destruction policy approved by the Director of HIM (Health Information Management/Medical Records), Chief Executive Officer, Medical Staff and Midland Memorial Hospital legal counsel.
- II. The following retention schedule will be used to determine when medical records may be destroyed:
  - a. If the patient is 18 years of age or older on the day of treatment, the record for that specific treatment may be destroyed 10 years later.
  - b. If the patient is under 18 years of age on the day of treatment, the record for that specific treatment may be destroyed on or after the patient's 20th birthday or on or after the 10<sup>th</sup> anniversary of the date on which the patient was last treated, whichever date is later.

**Procedure**

- I. The Director of HIM or designee will:
  - a. Consult the above retention schedule to make sure the required retention period has been fulfilled.
  - b. Contact Quality Management to ensure that the record is not subject to pending litigation.
  - c. Ensure that the records are destroyed in a manner wherein there is no possibility of information reconstruction.
  - d. Ensure that information on back-up media has also been destroyed.
  - e. Ensure that the appropriate method of destruction is used:
    - i. Paper media – Shredding, pulping or burning
    - ii. Microfilm or microfiche – Shredding
    - iii. CD-ROM, CD-RW or DVD - Shredding or physically destroying the disk.
    - iv. Floppy disk (3.5", 5.25" or other) - Shredding/ physically destroying the disk.

Read entire Policy #88:

"Destruction of Protected Health Information"

**Midland Health PolicyTech Instructions**

Click this link located on the Midland Health intranet "Policies"

<https://midland.policytech.com/dotNet/noAuth/login.aspx?ReturnUrl=%2f>

the pulse



MIDLAND HEALTH

CERNER **POLICIES** NEWS RESOURCES DAYFORCE OFFICE365 DEPARTMENT PHONE LIST

**IN OTHER COMPLIANCE NEWS****LINK 1**

Blue Shield of California Announces Impermissible Disclosure PHI to Google Ads

<https://www.hipaajournal.com/blue-shield-of-california-google-ads-data-breach/>

**LINK 2**

OCR's Third Phase of HIPAA Compliance Audits Underway

<https://www.hipaajournal.com/ocrs-third-phase-of-hipaa-compliance-audits-underway/>

**LINK 3**

Illinois Business Associate Settles Alleged Risk Analysis Failure for \$227,816

<https://www.hipaajournal.com/health-fitness-corporation-hipaa-penalty/>

**LINK 4**

OCR Gives Update on Proposed HIPAA Security Rule

<https://www.hipaajournal.com/ocr-gives-update-on-proposed-hipaa-security-rule/>

**FALSE CLAIMS ACT (FCA)**
**United States Files False Claims Act Complaint Against Vohra Wound Physicians Management and Its Owner Alleging False Claims for Wound Care Services**

The United States filed a complaint under the False Claims Act against Vohra Wound Physicians Management LLC (Vohra) and its founder and majority owner, Dr. Ameet Vohra, for allegedly causing the submission of false claims to Medicare for overbilled and medically unnecessary wound care services. Vohra is one of the nation's largest specialty wound care providers and contracts with hundreds of nursing homes and skilled nursing facilities throughout the country to provide wound care services to those facilities' patients at their bedside.

"Providers that overbill the government for services, or bill for services that are unreasonable or medically unnecessary, undermine the integrity of the Medicare program and waste taxpayer dollars," said Deputy Assistant Attorney General Michael D. Granston of the Justice Department's Civil Division. "The Justice Department will hold accountable providers who prioritize their own enrichment over the medical needs of their patients."

"This office is committed to protecting our nation's seniors and the important federal programs that support them," said U.S. Attorney Hayden O'Byrne for the Southern District of Florida. "When providers seek to misappropriate public funds for private gain, we will work with our partners to pursue those responsible."

"Healthcare fraud is harmful to all consumers, artificially and unnecessarily increasing the costs of care for everyone," said Acting U.S. Attorney Tara M. Lyons for the Southern District of Georgia. "Identifying and ending fraudulent billing activity is essential to keeping healthcare costs manageable for patients and for taxpayer-funded healthcare programs." According to the United States' complaint, Vohra and Dr. Vohra knowingly engaged in a nationwide scheme to falsely bill Medicare for surgical debridement procedures to maximize revenue.

Read entire article:

<https://www.justice.gov/opa/pr/united-states-files-false-claims-act-complaint-against-vohra-wound-physicians-management-and>

**Florida Man Pleads Guilty to Multi-Million Dollar Scheme to Defraud Medicare**

A Florida man pleaded guilty to purchasing Medicare identification numbers and using those numbers to cause over \$8.4 million of false and fraudulent claims to be submitted to Medicare. Corey Alston, 47, of Fort Lauderdale, pleaded guilty to conspiring to defraud the United States and to illegally purchase Medicare beneficiary identification numbers in connection with a scheme to bill Medicare for COVID-19 test kits that were ineligible for reimbursement. According to court documents, Alston and his co-defendant, Latresia A. Wilson, conspired to unlawfully purchase Medicare beneficiary identification information (including Medicare Beneficiary Identification Numbers) and used that information to submit millions of dollars in claims to Medicare for COVID-19 test kits that the beneficiaries did not want or request.

Over the course of just seven months, from July 2022 through February 2023, Alston, Wilson, and others, through companies they owned and controlled, submitted over \$8.4 million in false and fraudulent claims to Medicare that were ineligible for reimbursement.

Read entire article:

<https://www.justice.gov/opa/pr/florida-man-pleads-guilty-multi-million-dollar-scheme-defraud-medicare>



**Do you have a hot topic or interesting COMPLIANCE NEWS to report?**

**If so, please email an article or news link to:**

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