

COMPLIANCE CONNECTION

NOVEMBER 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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November 2-8, 2025**

**Midland Health PolicyTech: Policy #6541
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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

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CORPORATE COMPLIANCE & ETHICS WEEK November 2-8, 2025



Corporate Compliance & Ethics Week® began in 2005 to shine a spotlight on the importance of compliance and ethics. The core principles of the week are awareness, recognition, and reinforcement. The "official" Corporate Compliance & Ethics Week was first observed in 2005 as an event that could assist members of the Society of Corporate Compliance and Ethics (SCCE) and the Health Care Compliance Association (HCCA) with the need to educate staff on the importance of compliance and ethics. But the event's roots actually go back to 2002, when two HCCA members, Gene DeLaddy and Cheryl Atkinson, wrote an article for Compliance Today telling others about an awareness program at their facility. That event was called Compliance Awareness Week, and it was celebrated at the Carolinas HealthCare System in Charlotte, North Carolina. The first National Corporate Compliance and Ethics Week was launched May 22-28, 2005. SCCE and HCCA have always co-sponsored the event.

Corporate Compliance & Ethics Week offers a great opportunity to shine a spotlight on the importance of compliance and ethics at your organization. By having a designated week, you and your compliance staff can build awareness in ways that reinforce not just specific rules and regulations, but an overall culture of compliance. Using the "hook" of Corporate Compliance & Ethics Week, you can emphasize your overall message in several different ways.

The importance of employee education is emphasized by the U.S. Federal Sentencing Guidelines' seven elements of an effective compliance and ethics program. The education element requires that steps be taken so all employees know and understand the compliance and ethics standards that they are expected to meet. With a week-long celebration of compliance and ethics, you have a great opportunity to introduce and reinforce your chosen themes. Your plans will rely in part on your organization's specific needs, but some basic goals may include:

- **Awareness:** of the Code of Conduct, relevant laws/regulations, hotlines and other reporting methods, the organization's compliance and ethics staff, etc.
- **Recognition:** of training completion, compliance and ethics successes, etc.
- **Reinforcement:** to demonstrate that all levels of the organization support a culture of compliance and ethics.

Resource:

<https://assets.corporatecompliance.org/Portals/1/PDF/Resources/CCEW/2018-ccew-why-celebrate.pdf?ver=2018-02-22-103752-953>



SCCE®
Society of Corporate
Compliance and Ethics



HCCA®
Health Care Compliance
Association



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**.



MIDLAND
HEALTH



CODE OF CONDUCT FOR MEDICAL STAFF AND PRACTITIONERS

1.0 PURPOSE

This policy is to ensure that Midland Memorial Hospital is a safe and constructive workplace for everyone who is striving to provide the highest-quality patient care and to provide a method for reviewing and reporting events of physician behavior that are unexpected or in violation of the medical staff bylaws, regulations, and policies.

- 1.1** It is the expectation of the [Midland Memorial Hospital] board of trustees that all members of the medical staff act in a professional and cooperative manner at the hospital, treating all patients and persons involved in their care with courtesy, dignity, and respect. These expectations are defined by the code of conduct.
- 1.2** Each member of the medical staff (individually, "physician") granted privileges at the hospital shall be required to acknowledge and agree to be bound by the code of conduct at the time of appointment/reappointment to promote and focus awareness of the essential elements of this policy.
- 1.3** This policy sets forth procedures for reviewing and addressing behavioral incidents when a member of the medical staff conducts himself or herself in a manner that is inconsistent with this code of conduct.

2.0 DEFINITIONS

Disruptive or inappropriate behavior can be defined as an aberrant style of personal interaction between members of the healthcare team, patients, and/or their family members that interferes with the delivery of excellent patient care. The behavior could take the form of language, personal habits, or physical confrontation. The following is a list of examples and is not intended to be all-inclusive of disruptive or inappropriate behavior.

- Using threatening, intimidating, or abusive language or gestures directed at patients, families, members of the healthcare team, or the hospital
- Making berating, degrading, derogatory, or demeaning comments regarding patients, families, members of the healthcare team, or the hospital

Read entire Policy:

Midland Health PolicyTech #6541 – "Code of Conduct for Medical Staff & Practitioners"

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

Hospital Sisters Health System Settles Class Action Data Breach Lawsuit for \$7.6 Million

<https://www.hipaajournal.com/hospital-sisters-health-system-data-breach-settlement/>

LINK 2

SSM Health Agrees to Settle MyChart Patient Portal Tracking Lawsuit

<https://www.hipaajournal.com/ssm-health-patient-portal-tracking-lawsuit-settlement/>

LINK 3

Healthplex Settles Alleged Cybersecurity Failures with NYDFS for \$2 Million

<https://www.hipaajournal.com/healthplex-settlement-nydfs-2-million/>

LINK 4

OCR Publishes New and Updated HIPAA Privacy Rule Guidance

<https://www.hipaajournal.com/ocr-releases-new-updated-faq-hipaa-privacy-rule/>

BUSINESS ASSOCIATE HIPAA VIOLATION

New York Business Associate Pays \$175,000 to Resolve HIPAA Risk Analysis Violation

A New York business associate has chosen to settle an alleged violation of the Health Insurance Portability and Accountability Act (HIPAA) Security Rule with the Department of Health and Human Services (HHS) Office for Civil Rights (OCR) and will pay a \$175,000 financial penalty.

BST & Co. CPAs, LLP, is a public accounting, business advisory, and management consulting firm that has clients in the healthcare industry. The provision of services to HIPAA-covered entities requires access to financial information, which includes information protected under HIPAA. As such, BST & Co. CPAs is classed as a business associate and is required to comply with the HIPAA Rules.

OCR launched an investigation following a report of a breach of protected health information in a ransomware attack. The Maze ransomware group had access to the BST & Co. CPAs network between December 4, 2019, and December 7, 2019, and installed ransomware that was used to encrypt files. The attack was detected on December 7, 2019, and the forensic investigation revealed that initial access was achieved following a response to a phishing email.

The ransomware group had access to parts of the network where protected health information was stored. In total, the protected health information of up to 170,000 individuals was potentially compromised in the attack, including names, dates of birth, medical record numbers, medical billing codes, and insurance descriptions relating to patients of the New York medical group, Community Care Physicians P.C. OCR was notified about the attack and data breach on February 16, 2020.

Read entire article:

<https://www.hipaajournal.com/bst-co-cpas-hipaa-penalty/>

SOCIAL MEDIA HIPAA VIOLATION

Delaware Rehab Facilities Settle Social Media and Breach Notification HIPAA Violations

A \$182,000 settlement has been agreed between the HHS' Office for Civil Rights and five Delaware healthcare providers to resolve alleged violations of the HIPAA Privacy and HIPAA Breach Notification Rules. The settlement concerns the posting of patients' protected health information (PHI) on social media without first obtaining HIPAA-compliant authorizations to use PHI for a purpose not expressly permitted by the HIPAA Privacy Rule, then failing to notify individuals about the impermissible use and disclosure.

Cadia Healthcare is a provider of rehabilitation, skilled nursing, and long-term care services at five facilities in Delaware. Those facilities are Cadia Rehabilitation Broadmeadow in Middletown, Cadia Rehabilitation Renaissance in Millsboro, Cadia Rehabilitation Capital in Dover, and Cadia Rehabilitation Pike Creek and Cadia Rehabilitation Silverside in Wilmington, collectively referred to as the Cadia Healthcare Facilities (Cadia).

Each of the Cadia facilities is a HIPAA-covered entity that is required to comply with the HIPAA Rules. OCR launched an investigation after receiving a complaint on September 20, 2021, about an alleged impermissible disclosure of PHI online.

Read entire article:

<https://www.hipaajournal.com/cadia-healthcare-hipaa-settlement/>



**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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