

Compliance and HIPAA 2021

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Description

Compliance and Health Insurance Portability and Accountability Act (HIPAA) education is an annual mandatory requirement for all Advocate Aurora Health team members, clinicians and volunteers. This education provides pertinent information to help protect you, our patients and Advocate Aurora Health. You will be presented with pertinent examples, reminders, helpful resources and shown sound practices for maintaining/safeguarding HIPAA and compliance related information.

Content Contact

For **content** questions contact:

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Created: January 2021

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Message From The CEO

"We are committed to the highest degree of integrity in all that we do. Our behavior should not only comply with laws and regulations but also align with our purpose and values of excellence, compassion and respect. We are focused on building the trust we need from our team members and patients to help people live well."

- CEO, Jim Skogsbergh

A message from our CEO

At Advocate Aurora Health, we are committed to helping people live well. This commitment requires the highest degree of integrity in all that we do. On any given day, we make choices that define how we provide care and services to our patients and how we interact with our fellow team members and business associates. This Code of Conduct is intended to guide our behavior to ensure that these choices not only comply with applicable laws and regulations but also align with the purpose and values of Advocate Aurora Health.

As you review the Code of Conduct, note that it is intended to outline Advocate Aurora Health's ethical business standards. It describes the way in which we demonstrate our values of excellence, compassion and respect. It guides us as we face difficult situations or ethically challenging moments. And it provides direction on how to report unethical behavior without a fear of retaliation.

The expectations set out in this Code of Conduct apply to everyone associated with Advocate Aurora Health, from the Board of Directors to our most recently hired team member, to volunteers and any individual who conducts business with us.

Thank you for your dedication to doing the right thing and making sure that Advocate Aurora Health remains focused on building a culture of compliance and integrity. It is through this culture that we are able to build the trust we need from team members and patients to help people live well.



Jim Skogsbergh

Jim Skogsbergh
President & CEO

Our Purpose:
We help people live well

Our Values:
Excellence, Compassion, Respect

Compliance: Making The Connection With Your Practice

Credit

Accreditation Statement: Advocate Aurora Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians and APCs.

Credit Designation Statement: Advocate Aurora Health designates this enduring material for a maximum of 1.00 *AMA PRA Category 1 Credit*[™].

Physicians and APCs should claim only credit commensurate with the extent of their participation in the activity.

The planners have indicated that there are no financial relationships with any commercial interests to be disclosed.

Principal Faculty and Credentials

1. John Brill, M.D., VP Physician Population Health
2. Michelle Frazier, JD, CHC
SVP/Chief Compliance Officer
3. Richard Kelly, D.O., CMO, Dreyer
4. Timothy Lineberry, M.D., System VP Medical
Staff CMOs
5. Chintan Mistry, M.D., CMO, AMG South
Chicagoland PSA
6. Betsy Winga, VP Medical Informatics
7. Susan Wong, CHC
Compliance Program Director

Continuing Medical Education (CME)

Continuing Medical Education (CME) Credit Certification

CME approval date: January 1, 2021

- You will be provided a link on the last page of this course, which will allow Physicians to claim CME credit and Advanced Practice Clinicians to receive a certificate of completion
- If you have CME credit questions, please contact the Continuing Medical Education Office at cme@aah.org

Continuing Medical Education Privacy Statement:

The Advocate Aurora Health Continuing Medical Education Office will keep your personal and credit information confidential. Your information will never be given to anyone outside of Advocate Aurora Health. CME collects only the information necessary to provide you with the services that you request.

Content created by Advocate Aurora Health 2021

Overview

Target audience:

Physicians and Advanced Practice Clinicians (APCs) employed, privileged or engaged by Advocate Aurora Health and its facilities.

Topics and educational content:

Intent is to increase knowledge of legal and regulatory requirements and to apply that knowledge in daily practice to improve compliance with those requirements.

Purpose for the enduring material:

To address the knowledge gap for clinicians in multiple areas related to regulatory compliance as identified by the Advocate Aurora Health Compliance & Integrity department and federal agencies, including the Office of the Inspector General and the Centers for Medicare and Medicaid Services (CMS) and their contractors.

Verification of participation: Course work, quiz (when applicable) and policy attestation

Overview (Cont.)

Objectives:

- Be aware of and understand Advocate Aurora's Code of Conduct
- Identify your role and responsibilities in helping ensure that you fulfill your legal and ethical obligations, including actions to take in the event of a compliance concern or question
- Understand the health care laws that relate to your practice
- Identify compliance resources that are available to you
- Describe how to protect Advocate Aurora Health information systems and patient privacy in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules

Method of learner participation in the learning process: Post-test (for most)

Termination date: December 31, 2021

Compliance & Integrity

Integrity, Accountability, Values



Integrity

Being honest and demonstrating strong ethical principles. More simply stated, integrity is about doing the right thing. Complying with laws, regulations and policies demonstrates a high degree of integrity.



Accountability

Taking responsibility. When we talk about compliance and integrity, being accountable does not end with just taking responsibility for your own actions. You are also responsible to report possible noncompliance and ethical issues that you identify even if you are not personally responsible for them.



Values

Demonstrating integrity and accountability are two ways we adhere to **Advocate Aurora Health's values of excellence, compassion and respect.**

Consider Your Behavior

Advocate Aurora Health strives to create an inclusive culture in which all individuals are valued, and differing opinions are embraced. Team members are expected to uphold our values and standards for conduct while at work and on personal time. As an organization, we do not tolerate racism, acts of hate and discrimination in any form.

If you are doing what is right, you will be able to answer “yes” to these questions:

- Am I being honest, truthful and fair?
- Am I acting in the best interests of Advocate Aurora Health and our patients?
- Is my behavior consistent with the law and Advocate Aurora Health’s policies?
- Would I be OK with seeing my actions reported on the TV news?

For more information about behavioral expectations, refer to the *Code of Conduct*, which is available in the *Advocate Aurora Document Management System (AADS)*.
(Go to **Resources** to Access)

Your Role

(Go to **Resources** to Access Policy)

KNOW

Know Advocate Aurora Health's Code of Conduct.

BE AWARE

Remain aware of the regulations that affect your practice.

PROTECT

Safeguard patient information to prevent unauthorized use or disclosure.

ASK

Contact a Compliance Officer when you have questions or need advice.

SPEAK UP

Report your compliance and privacy concerns to the Compliance & Integrity department.

Compliance & Integrity Program

Advocate Aurora's Compliance & Integrity department is your partner with the following three main goals:

PREVENT:

- Communicate policies, provide education and tools, answer questions

DETECT:

- Maintain compliance hotline and investigate reported concerns
- Conduct reviews

CORRECT:

- Support team members in correcting processes
- Return any overpayments that have been identified

Reporting and Disclosure

Report Concerns

- **Reporting** possible compliance and privacy concerns is required of everyone at Advocate Aurora Health
- Failure to report compliance and privacy concerns may result in harm to our patients, our financial health and our reputation
- All reported concerns are investigated
- **Both the law and Advocate Aurora Health's policies protect you from retaliation when you report a concern in good faith**

No Retaliation For Reporting Concerns

If you report a compliance or privacy concern in good faith, you are protected from retaliation by the law and by Advocate Aurora Health's **Reporting Compliance Concerns** and **Non-Retaliation** policies. (*Go to **Resources** to Access Policies*).

Retaliation means taking some action against you to "get back at you" for reporting your concern. Because our policy does not allow retaliation, **you may NOT be fired, demoted, suspended, reprimanded, harassed, or discriminated against just because you reported a possible situation that you sincerely thought might represent a compliance or ethical concern.**



How to Report Compliance Concerns

- **Discuss** with your manager or another leader
- **Report** using the [Compliance & Integrity Reporting site](#)
- **Call** the *Compliance Hotline* at **888-847-6331**
 - The hotline is answered 24/7 by an unbiased third party
 - You may choose to identify yourself, or you may report anonymously
- **Directly Contact** an Advocate Aurora Health Compliance Officer. (Contact information is available in both the Advocate Aurora Document Management System (AADS) and within the Contacts section of [Compliance and Integrity Sharepoint](#))
- (Go to **Resources** to access all sites)

Examples Of Compliance Concerns To Report

Privacy & Integrity:

- Retaliation because you raised or reported a compliance concern

Billing & Documentation

- Billing for services not provided or double-billing
- Billing for services that do not meet coverage criteria or are not medically necessary
- Inaccurate billing of medications/medication waste
- Inaccurate documentation (including copy/paste errors, inappropriate scribing, etc.)
- Inaccurate coding
- Free services must be approved by Compliance

Gifts & Influence:

- Accepting expensive patient gifts
- Accepting vendor gifts/items/services of value
- Conflicts of interest
- Providing gifts/courtesies/discounts to patients or to physicians and other referral sources
- Working with or for outside companies

Other:

- Inappropriate prescribing
- Setting up a new or making changes to an existing Hospital Outpatient Department

Patient Rights:

- Discrimination
- Research misconduct

Privacy & Security:

- Password sharing
- Unauthorized access to or use of patient information, including snooping
- Unauthorized disclosure of patient information
- Sharing PHI with 3rd party vendors without a Business Associate Agreement in place

Qualifications Of Team Members:

- A lapsed license or certification
- Practicing outside of the allowed scope of practice

Report Privacy/Security Breaches

HIPAA Privacy Breach Investigation and Notification Policy
(Go to **Resources** to Access Policy)

Report a privacy or security breach as soon as you become aware of one to:

Your site privacy officer

Compliance Hotline (888) 847-6331

Compliance & Integrity Reporting site

*(Go to **Resources** to Access Site)*

If the situation involves a computer security breach, also report it immediately to the:

WI HIT Service Desk
(800) 889-9677

IL HIT Support Desk
(630) 990-7000

Consequences of not reporting:

- Nothing is done to prevent harm to the affected patient(s) and/or information systems
- Nothing is done to prevent this type of breach from happening again
- Continued non-compliance may result in fines and penalties or enforcement activities

Harassment Policy

- At Advocate Aurora Health, we are committed to maintaining a work place free from intimidation and harassment
- Advocate Aurora Health specifically prohibits such intimidation and harassment of any team member, patient, client, customer or guest
- No Advocate Aurora Health team member should have to tolerate harassment from any patient, client, customer, family member, visitor, or others with whom we come in contact with in the course of our work-related duties
- We are committed to taking appropriate action to effectively address and prevent harassment to and from both Advocate Aurora Health team members and non-team members



Report Harassment

- If you do not feel in danger, and are comfortable doing so, first speak to the person who has engaged in the inappropriate behavior and ask them to stop engaging in such behavior
- If the inappropriate behavior does not stop or if you are not comfortable speaking directly to the person, you should contact your leader, another member of leadership, Human Resources or the Advocate Aurora Compliance Hotline or via the *Compliance & Integrity Reporting* site
- If you believe that you have been retaliated against for reporting harassment or participating in an investigation, or if you directly experience and/or observe any incident of harassment or intimidation, you should report this right away to your leader, another member of leadership, Human Resources or the Advocate Aurora Compliance Hotline or via the *Compliance & Integrity Reporting* site

Mandatory Self-Reporting

Medical staff or APC staff members working at Advocate Aurora facilities are to reference their facility's Medical Staff Bylaws to determine reporting obligations if any of the below occurs:

- Being charged with or convicted of a felony or misdemeanor
- Pleading no contest to or have been found guilty of a non-traffic related municipal ordinance
- Substantiated findings or you are currently being investigated for any act related to abuse, neglect, or misappropriation of property
- Being denied a license or your license has been restricted or otherwise limited
- Being discharged from any branch of the U.S. Armed Forces, including any reserve component
- Relocating outside of the state where you are employed (outside the state of IL or WI)
- Rehabilitation review requests

Failure to provide required notice may lead to corrective action, up to and including resignation from the medical staff.

See: *AAH Criminal Background Check. (Go to **Resources** to Access Policy)*

Government Investigations

Government investigators may contact you at work or at home for issues related to your work at Advocate Aurora Health.

- If an investigator has a warrant you must let them in, **but you are not required to talk to them**
- Ask for the investigator's I.D., and then contact the Legal Services or Compliance & Integrity Department immediately
- A member of the Legal Services or Compliance & Integrity team will work with the investigator to determine next steps



When speaking with an investigator, always tell the truth.

Never destroy, alter or hide documents. Obstructing an investigation may lead to serious consequences.

Report Federal Grand Jury Subpoenas

If you receive a grand jury subpoena, it may include a statement similar to the following:

The United States Attorney requests that you do not disclose the existence of this subpoena. Any such disclosure would impede the investigation being conducted and thereby interfere with the enforcement of the law.

This is only a request. You may legally disclose the existence of the subpoena to Advocate Aurora Health's Legal Services.



Contact Legal Services if you receive a federal grand jury subpoena.

Government Contacts at Advocate Aurora Health

If you receive a communication from a government or law enforcement agency, and need to determine whom to contact:

- Review the *Compliance and Integrity Government Contacts: Who to Notify* guide
- This guide is available in both the *Advocate Aurora Document Management System (AADS)* and within the *Contacts* section of the *Compliance & Integrity Sharepoint* site (*Go to **Resources** to Access Guide*)



Information Privacy

HIPAA Fundamentals



Protected Health Information (PHI) can be used/disclosed for the provision, coordination, or management of health care and related services by one or more health care providers. This includes consultation between providers regarding a patient and referral of a patient by one provider to another.

- Allows for access as part of a consult to another physician
- Allows for advice between physicians regarding a unique or challenging case
- There is an exception for Substance Use Disorder (SUD) records which require the patient's written authorization
- If your treatment relationship has ended, you are no longer allowed to access, use or disclose the patient's information for treatment purposes
- If you treat a patient's family members, do not discuss the information of the family member unless you have their permission to do so



Patient information can be used for administrative purposes, including quality assessment and improvement activities, outcomes evaluation, case management and performance evaluation. To meet Minimum Necessary rules, patient identifiers must be removed when they are not needed for the purpose.

HIPAA FAQs



Q1: My patient transferred from my care in the Emergency Department to inpatient status. Can I look at her record to assess whether I appropriately diagnosed her condition?

A1: As part of your outcomes evaluation activities, you may review the record for this purpose. However, you cannot review patient records that are not proximate in time. The purpose of this type of review is to assess the immediate impact of your care. Also, note that professional interest is different than personal curiosity.

Q2: My long-time colleague has been diagnosed with a terminal illness. I am not providing care to my colleague. Can I review his record because I am concerned?

A2: No, this is an example of accessing a patient's information for personal reasons and is not permissible.

Q3: I have reason to believe another physician is providing substandard care. Can I review her patients' records to gather more information and possibly report the substandard care?

A3: No, unless you have an administrative role and you have the authority to review the performance of the physician, doing so would be a HIPAA violation.

Safeguarding PHI

- When discussing PHI, speak quietly or in a private area to prevent being overheard
- If others have access to your desk, protect PHI by:
 - Locking documents in a drawer or file cabinet
 - Placing documents face down
 - Closing or locking your office door
- Immediately remove PHI from copy/fax machines and printers
- Dispose of PHI by shredding, placing it in a locked confidential bin, permanently removing the PHI or making it unreadable.
- Transport PHI only when necessary; if it must be left unattended in your vehicle, lock it in your trunk or a hidden location; never leave PHI in a vehicle overnight
- Lock computer screens, devices and applications when you leave your workstation

Business Associate Agreements (BAAs)

- HIPAA BAAs are required before PHI can be disclosed to a third-party vendor providing services on our behalf
- Downloading software and applications that use or store PHI need legal and technical security review
- All service agreements must be processed through *Supply Chain* and/or *Legal* to ensure that BAAs are in place when required

Epic Access Monitoring



Epic access is monitored using a privacy breach detection software. The software detects various types of inappropriate access for further investigation. For example, the software can detect if a team member is accessing another team member's record.

Communicating In The Presence Of Others



When the patient is present and has the capacity to make health care decisions:

- Obtain the patient's permission to discuss information in the presence of others; this cannot be assumed
- Be extra careful when discussing sensitive information
- Be aware of who is in the room physically and virtually

When the patient is not present or is incapacitated:

- Professional judgement can be used to determine if it is in the patient's best interests to communicate relevant information to family, friends, and others involved in the patient's care

These rules apply to virtual visitors as well.

Avoid Common HIPAA Violations

Privacy breaches may result in enforcement action and require patient notification.

DISCLOSING TO LAW ENFORCEMENT

A patient's written authorization or court order is required. In rare cases, disclosure may be made to prevent or lessen a serious and imminent threat to the health or safety of the individual or public. Consult the Compliance Department to assist with the decision to disclose.

LEAVING VOICE MAIL MESSAGES

You need the patient's permission to leave clinical information on a messaging system.

DISCLOSING TO EMPLOYERS

You need the patient's written authorization with the exception of Worker's Comp (WC). Limit disclosures to what is related to the injury.

CURIOSITY

It is not permissible to access other providers' schedules, census lists, tracking boards, patient records, etc. out of curiosity. These types of access are only permissible when done for treatment purposes.

DOCUMENT HAND-OFF ERRORS

Verify the patient's name on each page of printed documents to make sure you are handing it to the correct patient.

Accountability for HIPAA Related Violations

- HIPAA (or related) violations will be handled by following:
 - *Advocate Aurora Health's Just Culture Decision Guide* (contact your leader to learn more or for questions about the guide)
 - *Advocate Aurora Health's Corrective Action policy (Go to **Resources** to Access Policy)*
- It is Advocate Aurora Health's policy to use a progressive corrective action process; however, violations may result in any level of corrective action, up to and including separation of employment
- All HIPAA related violations will be handled in a consistent, fair and just manner
- For additional information about Advocate Aurora Health's privacy program, review the *Privacy Program Overview (Go to **Resources** to Access)*

Information Security

Information Security Knowledge

- In the next section you will be presented with common scenarios you may encounter related to Information Security at Advocate Aurora Health (AAH) in a knowledge check format
- Read the question/scenario, select the best answer and view the feedback that is provided



1. Strong Passwords

Advocate Aurora Health (AAH) requires passwords to be at least 8 characters long. They cannot contain common words or phrases, and they must include 3 of the following:

- Uppercase letters
- Lowercase letters
- Numbers
- A symbol, such as space, comma, period, #, }, @

1. Strong Passwords

Which of the following is the strongest password?

- a. bears21
- b. GBPackersSB2021
- c. Spring2021
- d. MillerPark@Outfield437

1. Strong Passwords

MillerPark@Outfield437

Correct! This is the strongest password. It not only meets the minimum password requirements in the Electronic System Account Management Policy but it is also a “passphrase.” Passphrases are stronger than passwords, because they are longer and have specific meaning to you. This makes them easier to remember. Research shows that longer passwords are the strongest passwords and the hardest to crack. Please note that there are certain words that are restricted from use in passwords, like seasons. The <password reset tool> will tell you how strong your password is.

2. Password Management

Your password is the key to all Advocate Aurora Health's (AAH) resources. You cannot share it with anyone. You also cannot use a cloud-based password manager to store it. Because AAH does not contract with any cloud-based providers, this could possibly lead to theft of your password.

Alex is an Advocate Aurora Health (AAH) team member. Alex's son's computer broke. Alex offers his AAH issued laptop to his son to complete his schoolwork. Alex is not concerned because he does not think there is anything stored on the hard drive of the device and because applications on the device require separate logon credentials. Did Alex violate AAH Policy?

- a. Yes, but if Alex enters his own password and does not share the password with his son, it is fine.
- b. Yes, there is no secure way of sharing an AAH device with someone who does not work for AAH.
- c. No, the password is taped to device anyway.
- d. No, to Alex's knowledge, there is no PHI or other legally restricted information stored on the device.

2. Password Management

Yes, there is no secure way of sharing an AAH device with someone who does not work for AAH.

Correct! Devices store information the team member may not know about. This could include sensitive information about patients or other team members. If you think there may be someone else using your account, call the Health Informatics and Technology (HIT) Service Desk and change your password immediately. Please note, there are times when the Chief Information Security Officer may direct that all passwords be reset. This can happen if we believe that a team member's login ID and password were stolen

3. Device Security

The computers you use for your work at Advocate Aurora Health (AAH) must be secured. Leaving your computer unlocked or staying logged in to an application when you walk away is like leaving your house unlocked at night. Anyone could easily walk in and take what they want.

How often should you lock your computer or log off from an application you are using?

- a. Anytime you walk away from a device and you won't be close enough to monitor it.
- b. Anytime you walk away from a device and there isn't an Advocate Aurora Health team member around to monitor it.
- c. If there is nothing on the screen and you're in an office that only Advocate Aurora Health team members can access, you can walk away.
- d. Only if you're going to be gone longer than 10 minutes.

3. Device Security

Anytime you walk away from a device and you won't be close enough to monitor it.

This is correct. This is the best way to make sure our patients' and team members' information is protected and that no one is using your account.

4. Device Security (Cont.)

While on vacation, an Advocate Aurora Health (AAH) team member, Sam, lost her personal iPhone and laptop at the airport while waiting by the gate. She occasionally uses these devices to check her AAH email.

4. Device Security (Cont.)

Does she need to report that the device may have been stolen?

- a. No, they were her personal devices, and anytime she used the devices for work it was only through web browsers.
- b. Yes, she should let her manager know when she gets back to work.
- c. Yes, she should contact the HIT Service Desk as soon as she can.

4. Device Security (Cont.)

Yes, she should contact the HIT Service Desk as soon as she can.

Correct! HIT Service Desk/Security can begin investigating immediately. This lowers the risk of access or theft of Advocate Aurora Health (AAH) information. This is true for Advocate Aurora Health owned devices as well. In fact, once HIT Service Desk/Security is notified, they can turn on security controls to stop the access of data on an AAH device.

5. Device Security (Cont.)

Alex needs to get many images of patients over to an approved Advocate Aurora Health (AAH) partner organization, but the files are too large to send by email.

4. Device Security (Cont.)

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4. Device Security (Cont.)

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5. Device Security (Cont.)

Alex needs to get many images of patients over to an approved Advocate Aurora Health (AAH) partner organization, but the files are too large to send by email.

5. Device Security (Cont.)

What should he do?

- a. Put the data on a flash drive* and send it in the mail.
- b. Contact the AAH HIT owner to determine if other sending options are available as there may be better ways to send this information, especially if there is a need to send information on a regular basis.
- c. Use Google Drive.

***Flash drive:** a small USB storage device that plugs into a computer for the purpose of storing and transferring files. (Note: Flash drives plugged into AAH desktops or laptops are automatically [encrypted](#) while information is being stored on it.)

Contact the AAH HIT owner to determine if other sending options are available as there may be better methods for sending this information, especially if there is a need to send information on a regular basis.

Correct! This is the best answer. Flash drives/USB devices are small and can often get lost. Even if it is encrypted, there is a risk someone could access the stored information. HIT knows the best way to send this type of information so it is protected.

6. Device Security (Cont.)

Sam found a new software application that turns financial data into a graph and she feels that the software will make her more efficient at work. She has never heard of the software before, but it is free for download.

6. Device Security (Cont.)

What should she do?

- a. Download the software application since it won't cost the organization any money.
- b. Reach out to her manager to see if it is something that they can use.
- c. Call the HIT Service Desk to have the application installed on her device so she can start using it.

6. Device Security (Cont.)

Reach out to her manager to see if it is something that they can use.

Correct! This is the best answer. The manager may know other tools that will solve the same problem. If the manager does not, the manager can reach out to HIT Service Desk to see if this is something Advocate Aurora Health can purchase or agree to.

7. Device Security (Cont.)

When is encryption* required?

- a. Only when a device contains electronic protected health information (ePHI).
- b. Whenever you store or send (e.g., email) legally restricted information.
- c. Only when a device contains electronic protected health information (ePHI) or other legally restricted information such as Personally Identifiable Information (PII).
- d. Only when you transfer (e.g., email) ePHI or other legally restricted information, such as PII.
- e. Encryption is never required.

***Encryption:** a basic security tool which essentially makes the information unreadable, unless you have the password or “key”.

7. Device Security (Cont.)

Whenever you store or send (e.g., email) legally restricted information.

That is correct! All our devices, with few exceptions, require encryption. This is true of personal devices, too. If you are using your personal smartphone to access AAH email, please make sure it is encrypted (i.e., locked with a PIN or biometrics). You must also remember to use a secure transfer method (e.g., encrypted email) if you transfer ePHI or other legally restricted information, like Personally Identifiable Information (PII). If you must email legally restricted information, you must encrypt that email. You can do so by typing “[encrypt]” or “phi-encrypt” in the subject line of the email.

8. Device Security (Cont.)

True or false: any AAH owned device must be enrolled in AirWatch (AAH's Enterprise Mobility Management* (EMM) software.)

- a. True
- b. False

***Enterprise Mobility Management (EMM):** This is a set of security tools that control and protect mobile devices. It can make sure the device has encryption, a timed lockout, restricted camera access and that AAH data is separated from non-AAH data.

8. Device Security (Cont.)

True

That is correct! Devices purchased/issued through/from AAH Health Informatics and Technology (HIT) department should already have AirWatch (EMM software) installed. If you are unsure, contact HIT Service Desk or your leader. This ensures that important security tools and software are turned on to prevent the device or the information stored on it from getting into the wrong hands.

Information Security Policies

- *Acceptable Use of Information Resources*
- *Electronic Systems Account Management*
- *Cybersecurity Incident Response*
- *Electronic Systems Account Management*
- *Information Classification*
- *Integrated Desktop/Laptop Security*
- *Mobile Device Security*
- *Removable Media*

(Go to **Resources** to Access the Policies)

Physical Security

- When in an Advocate Aurora Health facility, wear your badge above the chest and make sure the entire badge is visible
- Do not let others follow you into a secured area (behind a locked door, or door requiring badge access) unless you confirm that they are authorized to be in that area
- If you see someone without a badge in a secure area, question them, even if they are wearing clinical attire. Ask, "How may I help you?" Then escort them to a team member who can help, or call your site Public Safety department to report their presence. If you don't have a site Public Safety department, call the Security Command Center (Wisconsin 414-299-1761, Illinois 847-723-2722)
- Secure items in your work area that could be used by an imposter to ensure they are not stolen. These include secure lab coats, stethoscopes, volunteer uniforms and surgical scrubs
- Monitor your work area, always questioning if what you see is appropriate. You know what is normal and can best identify unusual situations. Report suspicious people to Public Safety department

Fraud, Waste & Abuse

Fraud, Waste and Abuse (FWA)

FRAUD includes obtaining something of value by intentionally misrepresenting or concealing material facts.

WASTE includes incurring unnecessary costs as a result of deficient management, practices, systems, or controls.

ABUSE includes any practice that is not consistent with the goals of providing patients with services that:

- Are medically necessary
- Meet professionally recognized standards
- Are fairly priced



FWA LAWS INCLUDE:

- FALSE CLAIMS ACT
- EXCLUSION STATUTE
- CIVIL MONETARY PENALTIES
- ANTI-KICKBACK STATUTE
- PHYSICIAN SELF-REFERRAL STATUTE ("STARK LAW")

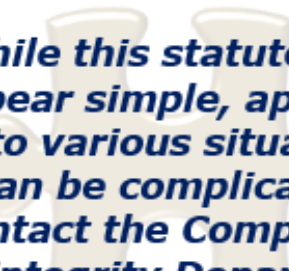
(Go to **Resources** to Access Laws)

Financial Relationships

The Anti-Kickback Statute (AKS)

Kickbacks are both an ethical and legal issue.

- Ethics: We need to choose products and services for our patients based upon what is best for them, not because we have been influenced by a gift or something else of value
- Legal: The federal AKS makes it a federal felony to offer or accept any payment, gift or other item/service of value in exchange for referring business or otherwise generating business that may be paid for by Medicare or Medicaid
- At Advocate Aurora Health, we do not offer or accept kickbacks in exchange for doing business



While this statute may appear simple, applying it to various situations can be complicated. Contact the Compliance & Integrity Department for guidance.

Kickback Examples

- Educational/Continuing Medical Education (CME) events at high-end restaurants where the vendor pays for the meal
- Promotional events (for example, a device vendor pays all the costs of an event that markets a physician and the vendor's device)
- Sham consulting or speaking arrangements where payments are made in the absence of legitimate services or payments exceed Fair Market Value (FMV)
- Tickets to sporting events, concerts, etc.
- Soliciting a job for a family member from a device or pharma vendor in exchange for use of the vendor's products
- Free point of care testing supplies or other items from a laboratory



Kickbacks In The News

Surgeon agreed to pay \$1.75 million to resolve allegations that he accepted kickbacks from SpineFrontier

The government contended that Dr. Carlson received kickbacks in the form of sham consulting fees that he submitted through Impartial Medical Experts. Under the settlement agreement, Dr. Carlson admitted that he estimated his purported consulting hours based on the number of times he used a SpineFrontier product in a given month, as opposed to tracking actual time he spent consulting. Dr. Carlson further admitted that he cannot document the consulting hours he submitted for payment to SpineFrontier and Impartial Medical Experts. In addition, Dr. Carlson sought and received consulting payments from SpineFrontier for time he spent during his surgical procedures, for which Medicare and other federal health care programs were already paying him.

Dr. Carlson also admitted to accepting free meals from SpineFrontier, for himself and his surgical staff, on almost every day that he performed a surgical procedure with a SpineFrontier product. In total, SpineFrontier provided Dr. Carlson and his staff meals that cost thousands of dollars.

Dr. Carlson, an orthopedic surgeon, is the sixth surgeon who has agreed to settle with the government relating to his interactions with SpineFrontier.

Vendor Relationships

Advocate Aurora Health policy prohibits the acceptance of gifts/items of value from vendors, even promotional items like pens, with few limited exceptions:

- Unrestricted educational grants provided to the Advocate Aurora Health Foundation or Advocate Aurora Health Continuing Education (CE) or Clinical Medical Education (CME) Department as long as Advocate Aurora Health controls the content of the event
- Free non-CE/CME educational events, as long as meals and entertainment (e.g. dinner cruises, or concerts) are not included or you pay for your own meal and entertainment
- Patient educational materials, as long as they have been approved by Advocate Aurora Health
- For nominal value items (\$50 or less) received at an external conference. (Note: If the item is branded with vendor/product name, logo, etc. it is not permitted within any Advocate Aurora Health facility)

Considerations

Before entering into a financial relationship with a vendor or referral source, consider the following:

WHY ME?	Does the vendor really need my particular expertise, and does this relationship also benefit Advocate Aurora Health?
FAIR COMPENSATION	Does the amount of money I am being offered seem fair and appropriate for what I am being asked to do?
POSSIBLE INFLUENCE	Is it possible that I am being offered money or something of value to influence my loyalty to a certain company's drugs or devices?
PATIENT PERCEPTION	If I disclosed this relationship to my patients, might they have concerns that I am being unduly influenced?

Interactions With Industry Policy

We want our patients to know that we choose products or services because they are best for them and not because we have been paid by a vendor. Advocate Aurora Health provides guidelines to team members when they provide a service to a vendor like giving a presentation, serving on a panel, or providing consulting services.

- Presentation of **materials prepared** by a vendor is **not permitted** with the limited exception for FDA-related content
- Payment for services to a vendor must be fair market value and must be for work actually performed
- All agreements must be **approved in advance by either the Compliance or Legal Department**
- Payments for services provided because of your employment with Advocate Aurora Health should be made to Advocate Aurora Health

Gifts/Free Services To Patients

- The Beneficiary Inducement Statute prohibits offering gifts, free or discounted services and anything else of value to patients or potential patients to influence an individual to seek your services
- Discounts through Advocate Aurora Health's charitable care programs do not violate this law
- There is a safe harbor under the law for gifts valued at <\$15 (up to an aggregate of \$75 per individual per year) as long as the gift is not cash, not a cash equivalent, and is not intended to influence the individual to seek your services
- There is an exception for certain preventive care services. Contact Compliance & Integrity if you need to know if a particular service is an exception

Gifts/Free Services To Patients

Patient Services Inc. (PSI) agrees to pay \$3 million for allegedly serving as a conduit for pharmaceutical companies to illegally pay patient copayments

The government alleged that PSI coordinated with three pharmaceutical manufacturers – Insys, Aegerion, and Alexion – to enable them to pay kickbacks to Medicare patients taking their drugs. PSI allegedly worked with these companies to design and operate certain funds that funneled money from the companies to patients taking the specific drugs the companies sold. These schemes allegedly minimized the possibility that the companies' contributions to the funds would go to patients taking competing drugs made by other companies and undermined the nature of these contributions as bona fide donations.

Gifts From Patients

A final word about gifts that may influence us:

- When we accept personal gifts from a patient, it is like accepting a tip because the service was good
- We do not expect a gift or “tip” in order to stick to our values
- Our patients should never feel pressured or made to feel they will get better service if they offer or provide gifts or tips to Advocate Aurora Health team members

It can be difficult to refuse a well-intended gift from a patient. Team members may accept a gift when:

- It is a modest token of appreciation (approximate value of \$50 or less), not intended to influence behavior, it is not cash or a cash equivalent like a gift card/certificate and the circumstances are such that refusal of the gift could hurt a patient’s feelings or otherwise be counterproductive to a patient relationship

The best option for patients wanting to give a gift is to donate to the Advocate Aurora Health Foundation so their gift will benefit other patients.

Physician Self-Referral Prohibition (Stark Law)

- The Physician Self-Referral/Stark Law prohibits physicians from referring patients to entities with which the physician or an immediate family member has a financial relationship, unless an exception applies
- Intent does not matter; an exception, with all its required components, must be met
- Financial relationships include both ownership/investment interests and compensation arrangements. Medical director and on-call compensation, as well as receiving multiple stipends or “stacked stipends,” have been increasingly scrutinized by the Department of Justice

- Many recent enforcement actions relate to compensating physicians above Fair Market Value (FMV)
- Outside of health care, FMV would basically be determined by what you could negotiate. Under the Stark Law, however, the government expects the use of sound appraisals and/or national or regional compensation benchmark data. This is true even for employment arrangements
- Enforcement actions may target both the physician (the recipient) and the hospital or health system who paid the compensation

Stark Reminders

**The Stark Law is complex.
Contact Legal Services to
draft your agreement or
to review an agreement
from another entity.**

Another requirement of many Stark exceptions is that the arrangement be set out in writing.

- If you will be receiving compensation from any entity (including Advocate Aurora Health hospitals) other than the medical group that employs you, make sure there is a written, signed, and active agreement in place
- You could forfeit compensation if you provide services before your agreement is signed or after your agreement expires
- Do not draft your own agreements or amendments. The Stark Law is complex. Contact Legal Services to draft your agreement

Stark Reminders (Cont.)

- Do not make promises to a physician regarding the level of compensation for any stipends. If the physician is not employed, the compensation must be approved by the Compliance & Integrity department
- Nearly all compensation arrangements require a written agreement. Do not draft your own agreements or amendments. The Stark Law is complex. Contact Legal Services to draft your agreement
- Gifts such as Doctors' Day gifts, meals, and sporting event tickets may be offered to physicians without a written agreement. However, the federal Stark Law and CMS limits these to a maximum of \$429 per physician, per hospital, per year in 2021. (For additional information, please contact your Compliance Officer or visit the CMS.gov website) (*Go to **Resources** to Access Site*)
- **These gifts can never be cash or a cash equivalent**

Stark Consequences

Centra Health, Inc. and Blue Ridge Ear, Nose, Throat, and Plastic Surgery, Inc. agree to pay nearly \$10 Million to settle Stark Law Allegations

Centra Identified:

- *Physician recruitment agreements with physicians who had already relocated to south-central Virginia*
- *Physician employee compensation arrangements that took into account the value of referrals for in-office laboratory tests*
- *Financial arrangements with physicians that were not memorialized in a written and executed contract, and*
- *Agreements with trauma call coverage physicians and an oncology practice that did not satisfy any exception to the Stark Law*

Blue Ridge ENT allegedly had a financial relationship with Centra to guarantee income to one of its physicians where Centra agreed to reimburse Blue Ridge ENT for actual additional incremental costs attributed to that physician. Blue Ridge ENT, however, knowingly claimed and received reimbursement beyond what would be allowed by the Stark Law and the Anti-Kickback Law.

Office of Inspector General (OIG) Provider Compliance Training Videos

The Office of Inspector General (OIG) has developed several short educational videos discussing financial relationships with physicians.

- Physician Self-Referral Law
- Federal Anti-Kickback Statute
- False Claims Act

*(Go to **Resources** to Access Videos)*

False Claims Act

The False Claims Act

The False Claims Act prohibits submitting a false claim to federal health care programs and is defined by one or more of the following occurring:

1. Actually knowing a claim is false.
2. Deliberately ignoring whether a claim is true or false.
3. Recklessly ignoring whether a claim is true or false.



There are significant civil and criminal penalties that can be levied against individuals for violating this law, and the penalties are often layered on top of penalties for violating the Anti-Kickback Statute and/or the Stark Law.

Failure to return overpayments within 60 days has been enforced as a violation of the False Claims Act. For this reason, it is critically important that you report any known billing issues ASAP to the Compliance & Integrity Department.

False Claims Examples

Examples of false claims include up-coding, as well as billing for services that were:

- Not medically necessary
- Not rendered
- Performed by an improperly supervised or unqualified employee
- Misrepresented by a diagnosis, including Hierarchical Condition Category (HCC) risk adjustment codes, to justify services or increase reimbursement
- Of such low quality that they are essentially worthless
- Billed separately when already included in a global fee
- Unbundling charges to increase reimbursement, including discharging a patient directly to outpatient services
- Billed without a valid order from a clinician
- Performed by an employee who has been excluded from participation in the federal health care programs
- Representing a forged clinician's signature in order to obtain payment for services rendered
- Submitted with inaccurate quality measures
- The result of a kickback or bribe

False Claims Act Learning From Others

Department of Justice Settles False Claims Act Charges for More Than \$15.6 Million Against 16 Hospitals

The Justice Department announced that a settlement was reached in the Eastern District of Arkansas for charges that 16 hospitals submitted false claims for Medicare payments. The lawsuit, which was brought by a whistleblower, involved claims for Intensive Outpatient Psychotherapy (IOP). This therapy should be aimed at helping people with mental disorders after they have received ambulatory psychiatric services. Medicare does pay for IOP treatment provided the services are "reasonable and necessary for the diagnosis and treatment of the patient's condition." The lawsuit claimed that the hospitals knowingly submitted false claims.

The claims were improper because:

- The patient's condition did not qualify for IOP
- The patient's treatments were not provided pursuant to an individualized treatment plan designed to help the patient address specific mental health needs and reach achievable goals
- The patient's progress was not being adequately tracked or documented
- The patient received an inappropriate level of treatment
- The therapy provided was primarily recreational or diversional in nature, and not therapeutic

The final settlement amount equaled \$15.69 million.

Documentation Practices

Completing documentation accurately can be challenging, but taking shortcuts is risky.



Problematic documentation practices include:

- Indiscriminate use of copy/paste.
 - Do not copy from one patient's record to another
 - Give proper credit if you copy from another clinician's note
 - Do not copy more information than is useful
- Use of pre-populated templates without appropriate updating/customizing for each patient
- Lack of documentation supporting medical necessity. Be sure to document what you are considering when you order a diagnostic test
- Use of voice recognition software without review and editing. Notes have been identified that include gibberish because the clinician did not review and edit the results of voice recognition technology

Scribe Guidelines

SEPARATE DUTIES	Regardless of the license held by the scribe, the scribe may not simultaneously scribe and perform clinical services.
BE CLEAR	Documentation by the scribe must clearly indicate it was entered by the scribe. In Epic, the .scribe phrase is recommended.
SCRIBE IS PRESENT	The scribe must be present during the exam/visit and must complete the note at the time of the visit.
NO PASSWORD SHARING	The scribe must use his/her own login ID and password when making entries into Epic or another electronic system.
ATTESTATION	The physician must document an attestation statement attesting to the accuracy of the scribed entry. In Epic, the .mdscribe phrase is recommended.
NO ORDERS	Scribes may never sign an order on behalf of a physician.

Commitment To Our Patients And Team Members

Summary of Patient Rights

In accordance with appropriately respectful patient care (state and federal regulations), patients have the right to:

- Receive care without discrimination
- Have their cultural and personal values, beliefs and preferences respected
- Be treated with respect and dignity
- Privacy and confidentiality
- Personal safety
- Participate in their pain management plan
- Know the identity and professional status of persons providing services to them
- Receive information necessary to make treatment decisions (informed consent)
- Receive information in a manner he or she understands
- Receive language / interpreter services if necessary
- Understand rights related to research studies involving medical investigation
- End of life care provided with comfort and dignity
- Feel free to voice complaints without fear or blame

Cultural Awareness

Cultural awareness aims to improve communication and relationships between team members and consumers. Improved communication leads to better health outcomes, helps us overcome unconscious bias, and improves our organization's culture.

Diversity, equity and inclusion is a key priority for Advocate Aurora Health.

- **Diversity** is difference. It's what makes our team members, our patients, consumers and communities unique
- **Equity** is the attainment of the highest level of health for all people. Our aim is to improve modifiable conditions that optimize access, safety, quality, care, and well-being among all populations
- **Inclusion** is actively seeking out those differences to learn about them, to nurture them, and to empower them

CultureVision Portal

A real-time resource for team members and provider

CultureVision Portal

A real-time resource for team members and providers that offers a wealth of information about religious customs, dietary needs, accommodation requests and other cultural practices that impact our patients and team members. CultureVision should be used as a supplemental resource that encourages dialogue between patients and clinicians and is not a substitute for interpersonal conversation and relationship building.

To access, go to: [CultureVision Portal](#)

(Username: **AURORA_HEALTH** Password: **Resources1**)

Protected Classes

A **Protected Class** is a group of people with a common characteristic who are legally protected from discrimination based upon that characteristic. List of classes include:



- Race
- Color
- National Origin or Ancestry
- Age
- Sex
- Sexual Orientation
- Gender Identity
- Religion
- Political Belief or Affiliation
- Order of Protection Status
- Military Status
- Physical or Mental Disability or Association with a Person with a Disability
- Marital Status or Pregnancy

Disabilities

Individuals with a disability may request reasonable accommodations.

- This allowance applies to team members, visitors, and/or patients
- The request may be verbal or in writing
- The entity must honor reasonable requests
- Modifications may be made to the original accommodation request if either party determines a more effective solution

The Americans with Disabilities Act (ADA)

A federal civil rights statute that prohibits discrimination against individuals with disabilities in everyday activities, including patients and visitors who are accessing our health care facilities to seek services and/or visit patients.

The ADA also prohibits employers from discriminating against qualified individuals with disabilities. It further requires employers, absent undue hardship, to provide reasonable accommodations that will enable disabled individuals to perform the essential functions of their jobs.

The ADA also requires service animals to be allowed anywhere the public and patients are allowed in our facilities. They cannot be excluded on the grounds that staff can provide the same services. Service animals may only be excluded if there are infection control risks, or the animal poses health or safety risks to others.

Recognizing Limited English Proficiency (LEP) and Those With Special Communication Needs

LEP is when someone cannot speak, read, write, or understand the English language at a level that permits them access to services in a meaningful way.

Recognizing consumers with special communication needs and those who may be deaf, hard of hearing, or have blindness or low vision is key to meeting the needs of our consumers. Consider the following when interacting with those who have special communication needs:

- Effective communication may be compromised by disabilities, language barriers, cultural differences and low health literacy

Consumers With Special Communication Needs:

- Tend to report more communication difficulties with clinicians due to ineffective communication
- May have less involvement in clinical decisions
- May have more difficulty understanding discharge instructions, treatment and prescription bottles

Documentation that an interpreter was utilized or refused is a critical part of providing care to a consumer with special communication needs. If you receive a request for a translation of a document, refer the request to the Language Services department.

Qualified Interpreters

- Advocate Aurora Health has a legal duty to provide effective communication via a qualified medical interpreter to all consumers who seek services
- This includes consumers/companions who are deaf, hard of hearing, or have blindness or low vision (Limited English Proficiency (LEP))
- Consumers may refuse the free qualified medical interpreter and choose to use an adult companion. This must be documented. For patient safety, a clinician may request a qualified medical interpreter be present during the encounter for their benefit
- Access to care and services may not be delayed or canceled to wait for the preferred modality. We must always offer a free interpretive resource and should never rely on consumers to provide their own interpreter

Qualified Interpreters (Cont.)

- Qualified medical interpreters are those who have been tested for baseline competency in both English and their target language. A qualified medical interpreting resource includes:
 - Over-the-phone Interpreting (OPI)
 - Video Remote Interpreting (VRI)
 - In-person medical interpreters
- Advocate Aurora Health utilizes both internal resources and outside vendors to ensure appropriate accommodation
- In order for a bilingual team member to communicate directly with consumers, their competency/qualifications must be properly vetted and documented by the Language Services department. Bilingual team members may not be an interpreter for other team members

Advocate Aurora Health team members and clinicians should have proficiency of language documented prior to speaking directly to a patient in a language other than English.

An adult companion may interpret if the consumer wishes.

The Language Services department will provide an interpreter at no cost for services provided through Advocate Aurora Health.

Advocate Aurora Health's Civil Rights Director

The Civil Rights Director has the responsibility of ensuring that team members and clinicians adhere to the regulations as well as policies and procedures that protect the civil rights of our patients, team members and clinicians.

Joelle Espinosa is Advocate Aurora Health's Civil Rights Director

- If you, a co-worker, a patient or a family member have a concern or question, you may directly reach out to Joelle by phone at 414-219-8933 or via e-mail at Joelle.Espinosa@aah.org
- Contact the Civil Rights Hotline at 888-568-6845 or via e-mail at CivilRights@aah.org

Emergency Medical Treatment and Labor Act (EMTALA)

- EMTALA is a law that protects patients' rights to emergency care. It is intended to make sure hospitals do not refuse to treat an individual with an emergency medical condition because that individual is not able to pay for the services
- The purpose of the law is to ensure that all patients receive appropriate medical screening, stabilizing treatment, and (if necessary) transfer to another facility
- Our EMTALA policy (*Go to **Resources** to Access Policy*), includes detailed requirements so that we comply with the law

EMTALA - Applying

Even if you do not work in an ED or OB department, be aware of when EMTALA applies.

EMTALA requires a medical screening exam and stabilizing treatment when:



- An individual presents to an Emergency department
- An individual is on hospital property within 250 yards of the main building and it appears that treatment is needed, even if they don't request treatment
- An individual is on hospital property and is trying to get emergency treatment

Individuals placed in observation status from the hospital's dedicated Emergency department remain under the EMTALA Law while in this status. If these patients are to be transferred, all EMTALA transfer regulations apply.

Patient Rights and Restraints

- A restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes a patient or reduces their ability to freely move their arms, legs, body or head

When is restraint use acceptable?

- Restraints or seclusion are used only when necessary to protect the immediate physical safety of the patient, team members or others. All patients have the right to be free from restraints that are not medically necessary or that are used by team members as a means of coercion, discipline, convenience or retaliation
- If a team member observes and documents behaviors that may compromise patient safety, and the patient has not responded to less restrictive, nonphysical alternative interventions
- The type or technique of restraint must be the least restrictive intervention that will be effective to ensure the immediate physical safety of the patient, team members, or others
- Restraints must be discontinued at the earliest possible time, regardless of the length of time identified in the order

Seclusion

- The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving by any means, for any duration of time
 - **Seclusion is only permitted for patients on Psychiatric or Behavioral Health units**

*AAH Restraint and Seclusion Policy (Go to **Resources** to Access Policies)*

Patient Rights and Restraints (Cont. 1)

When are Violent Restraints Acceptable?

ONLY when there is an imminent risk of a patient physically harming themselves, team members, or others and non-physical interventions would not be effective.

- Patient **must be seen face-to-face within one hour** after the initiation of the intervention
- The face-to-face evaluation should be completed by the attending physician or advanced practice clinician (APC)
- The face-to-face evaluation may also be completed by a specially trained RN who has received additional training in face-to-face evaluations
- If the face-to-face evaluation is conducted by a RN, the RN must consult the physician as soon as possible after the completion of the 1 hour face-to-face evaluation

Patient Rights and Restraints (Cont. 2)

Restraint Order Requirement

The use of restraints must be in accordance with the order of the physician or other licensed independent practitioner (LIP) who is responsible for the care of the patient. The attending physician must be consulted as soon as possible if the attending physician did not order the restraint.

A restraint order may only be renewed for up to 24 hours in WI and 16 hours in IL. Once this limit is met, a face-to-face assessment by the physician or LIP responsible for care of the patient must occur prior to a new order. In addition, there are critical points requiring contact with the physician or LIP:

- 4 hours for adults 18 years of age or older
- 2 hours for children and adolescents 9-17
- 1 hour for children under 9 years of age

Physician Supervision Levels

Centers for Medicare and Medicaid Services (CMS) Supervision Levels

- CMS has very specific requirements for supervision of diagnostic and therapeutic services, and these are service-specific.
- In order to understand the necessary level of supervision to meet billing needs, clinicians must know where the service is being supervised, what is being supervised, and whom is being supervised.
- These supervision requirements apply to Physicians (MD or DO) who are required to supervise:
 - Diagnostic Tests
 - Cardiac Rehab
 - Pulmonary Rehab
 - Hyperbaric Therapy
 - Radiation Oncology

*Refer to the AAH Supervision of Diagnostic and Therapeutic Services policy.
(Go to **Resources** to Access Policy)*

Supervision of Diagnostic and Therapeutic Services

Billing for a service performed by an improperly supervised team member is also prohibited by the False Claims Act.

Things to know:

- The *CMS Fee Schedule Relative Value Files* (Go to **Resources** to Access *Site*) provide supervision requirements for diagnostic services
- Most outpatient non-surgical therapeutic services require direct supervision when performed in the hospital setting
- Certain extended duration therapeutic services require direct supervision for the initiation of the service, followed by general supervision for the remaining portion

Licenses / Credentials

If your job requires you to be licensed, registered, or certified, it is important that you never allow your credentials to expire. While you may believe you are still qualified to perform your job duties, government agencies and our patients' health plans may not agree.

If your license, registration or certification lapses or if limits are imposed on it:

- Notify your leader immediately (if directly employed)
- If a Member of the Medical Staff or APC Staff of an AAH facility, notify Medical Staff Services immediately

If state law sets limits for your scope of practice, you must stay within those limits. If someone asks you to perform duties that are outside your allowed scope of practice, contact your leader or the Compliance & Integrity department.

COVID-19 licensing, privileging, and credentialing waiver considerations

Supervision: Collaborative Agreements

When a physician and an Advanced Practice Clinician (APC) work together, a collaborative or supervising agreement must be in place.

Advocate Aurora Health has standard template agreements in place are located on the Compliance & Integrity website:

- *IL Template Agreements (Go to **Resources** to Access Site)*
- *WI Template Agreements (Go to **Resources** to Access Site)*

Incident to Guidelines

A physician may bill for the services of an Advanced Practice Clinician (APC) or clinical team member if:

- The physician has previously performed an initial service for this patient (i.e. patient is established)
- The physician has previously seen this patient for this problem (i.e. the patient is not presenting with a new problem)
- The physician documented a plan of care for the established problem
- The physician is physically present in the office suite at the time of the “incident” to visit
- The services are not rendered in the hospital setting, including hospital outpatient clinics

Note: The physician does not need to co-sign the APC’s or clinical team member’s documentation for an incident to service.



Conflict of Interest (COI)

What is a Significant Interest and How Can it Lead to a Conflict of Interest?

- Certain significant interests can become a conflict of interest when they influence your ability to act in the best interest of the organization while carrying out your Advocate Aurora responsibilities
- A significant interest can be financial, professional or personal



A conflict of interest is about the situation. Its not a judgement about a person. Having a conflict of interest doesn't automatically mean a person is unethical.

Disclosing Significant Interests

- You are required to complete the annual *Significant Interest Disclosure Statement* (Go to **Resources** to Access Questionnaire) within 30 days of receiving the e-mail requesting you to do so
- If you do not receive a questionnaire and have a new or unreported significant interest to disclose, go to the *Significant Interest* section of the *Compliance and Integrity Department SharePoint Site* and locate the *Significant Interest Disclosure Statement (Questionnaire)*. New significant interests must be disclosed within 30 days
- Existing Significant interests must be re-disclosed annually
- If you are unsure if an interest or activity needs to be reported, discuss it with your leader or send an email to coi@aah.org for guidance

Managing Conflicts of Interest

- A conflict of interest does not necessarily mean patient care, education, or research has been compromised. Rather, the personal interest or relationship creates a risk that work related decisions or actions may be unduly influenced
- By accurately and honestly disclosing your Significant Financial Interests, most identified conflicts can be appropriately managed by a Conflict of Interest Management Plan. This protects you, our patients and Advocate Aurora Health
- For more guidance, send an email to coi@aah.org or ask a question online using the Compliance & Integrity Reporting website (*Go to **Resources** to Access*)

Controlled Substances

Controlled Substances

If you handle controlled substances as part of your daily work or are the DEA Registrant for a site, you have additional responsibilities. Ensure you are familiar with your organization and site policies, as well as the *DEA Manuals*. (Go to **Resources** to Access)

You should also be familiar with the risks of drug diversion:

- Harm to the patient
- Harm to the team member
- Billing implications under the False Claims Act because the patient or health plan is paying for the diverted medications

Drug Diversion

Preventing theft of controlled substances in health care supports the safe, high quality care at the core of all we do.

- Drug diversion is the redirection of prescription drugs for illegitimate purposes
- Team members and clinicians are sometimes reluctant to report suspected diversion because they do not want to get their colleague in trouble. That does not help the colleague or the patient they serve

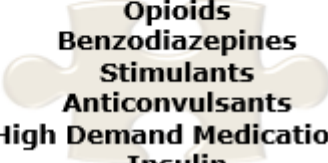
Report suspected diversion to the Compliance Hotline/Compliance & Integrity Reporting Site (*Go to **Resources** to Access Phone Number and Site*)

Spotting Possible Diversion

Although the following may not be related to diversion, they may be possible signs of diversion:

- Inconsistent/inaccurate charting or narcotic counts
- Large amounts of narcotic waste and numerous corrections of medication records or controlled substance inventories
- Requesting to cover for specific patients
- Patients with consistent pain scale patterns or complaints that pain meds are not having the desired effect
- Appearance of impairment in a colleague

**COMMONLY
DIVERTED
DRUGS:**



Opioids
Benzodiazepines
Stimulants
Anticonvulsants
High Demand Medications
Insulin

A close friend asked you to invest in their medical device manufacturing company, which currently has a business relationship with Advocate Aurora Health. You have invested in your friend's business and now own 33% of the company. Indicate the true statement below:

- a.** You are required to disclose this new relationship before the end of the calendar year.
- b.** You only need to disclose this interest one time, but you must report it within 30 days of acquiring the interest.
- c.** You are required to disclose this new relationship within 30 days of acquiring the interest and annually thereafter, as long as you have this interest.

A close friend asked you to invest in their medical device manufacturing company, which currently has a business relationship with Advocate Aurora Health. You have invested in your friend's business and now own 33% of the company. Indicate the true statement below:

- a. You are required to disclose this new relationship before the end of the calendar year.
- b. You only need to disclose this interest one time, but you must report it within 30 days of acquiring the interest.
- c. You are required to disclose this new relationship within 30 days of acquiring the interest and annually thereafter, as long as you have this interest.

The organization is considering purchasing a medical device. Three device manufacturers have submitted proposals. A committee is reviewing each vendor's product and providing a recommendation for which product to purchase. A clinician on the committee has a consulting relationship with one of the device manufacturers. Is this a conflict of interest?

- a. Yes
- b. No

The organization is considering purchasing a medical device. Three device manufacturers have submitted proposals. A committee is reviewing each vendor's product and providing a recommendation for which product to purchase. A clinician on the committee has a consulting relationship with one of the device manufacturers. Is this a conflict of interest?

- a. Yes
- b. No

Explanation: Since the clinician has a relationship with one of the device manufacturers, this relationship may influence the clinician's recommendation for which product to select. The clinician should not participate in decisions related to the purchase of this product.

You are responsible for reporting possible compliance issues, even if you are not personally responsible for them (for example, drug diversion, inappropriate access of patient information and fraudulent billing).

- a. True
- b. False

You are responsible for reporting possible compliance issues, even if you are not personally responsible for them (for example, drug diversion, inappropriate access of patient information and fraudulent billing).

- a. True**
- b. False**

Indicate the true statement below related to reporting concerns:

- a.** I must identify myself when I report a concern to the Compliance hotline.
- b.** I will not get in trouble if I report a situation I sincerely believe is a compliance or privacy concern, even if it is found that no policies or laws are being violated.
- c.** Even if I choose to report anonymously, Advocate Aurora Health will know my identity.

Indicate the true statement below related to reporting concerns:

- a.** I must identify myself when I report a concern to the Compliance hotline.
- b.** I will not get in trouble if I report a situation I sincerely believe is a compliance or privacy concern, even if it is found that no policies or laws are being violated.
- c.** Even if I choose to report anonymously, Advocate Aurora Health will know my identity.

Indicate the true statement below related to if a government investigator were to contact you at work or home:

- a.** You can hide documents to protect Advocate Aurora Health.
- b.** You may not contact the Advocate Aurora Legal Department and tell them a government investigator contacted you.
- c.** If the investigator has a warrant, you must let them in; but you are not required to talk to them.

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Advocate Aurora Health's Values are:

- a.** Integrity, Accountability and Respect
- b.** Excellence, Compassion and Respect
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Select the statement below that is true:

- a.** If a patient is not present or incapacitated, you can use your professional judgement to determine if it is in the patient's best interests to communicate relevant information to family members involved in the patient's care.
- b.** If a patient is not present or incapacitated, you cannot share their medical information unless there is a signed release of information in their record.

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After treating a patient for 15 years, the patient decides to transfer their care to another clinician. May you access this patient's records for treatment purposes after your treatment relationship with them has ended?

- a. Yes
- b. No

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a. Yes

b. No

Which of the following makes it a federal felony to offer or accept any payment, gift or other item/service of value in exchange for referring business or otherwise generating business that may be paid for by Medicare or Medicaid?

- a. Anti-Kickback Statute
- b. Stark Law
- c. Beneficiary Inducement Statute

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Advocate Aurora Health policy prohibits the acceptance of gifts/items of value from vendors with few limited exceptions. Which of the following is true?

- a. You may accept a pen from a vendor who meets with you in your office.
- b. You may accept a free non-CE/CME educational event, which includes meals and entertainment paid for by the vendor.
- c. You may accept items of nominal value (\$50 or less) that are received at an external conference.

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The Beneficiary Inducement Statute provides a safe harbor for gifts to patients. Which of the following is true about the safe harbor?

- a. It can be a gift card but not cash.
- b. The gift can be for free or discounted services.
- c. The value of the gift must be less than \$15, up to an aggregate of \$75 per individual per year.

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At Advocate Aurora Health, we don't want our patients to feel they need to "tip" us to receive excellent care. However, we realize it can be difficult to refuse a well-intended gift from a patient. Which of the following could be accepted from a patient?

- a. Box seats at a professional football game.
- b. A hand-made winter hat.
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Which of the following is a true statement about the Open Payments Database?

- a.** You cannot dispute the information posted about you in this database.
- b.** You should review the information reported about you and ensure it is corrected before the deadline, which is usually June 30.
- c.** The data is not made available to the public.

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The risks of drug diversion are harm to the patient, harm to the team member and billing implications under the False Claims Act because the patient or health plan is paying for the diverted medications.

- a. True
- b. False

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- b. False

Unbundling charges to increase reimbursement does not violate the False Claims Act, as long as all billed services were provided.

- a. True
- b. False

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