Compliance and HIPAA 2020

<table>
<thead>
<tr>
<th>Description</th>
<th>Estimated duration: 30-45 minutes</th>
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<tbody>
<tr>
<td>Compliance and HIPAA education is an annual mandatory requirement for all Advocate Aurora Health team members and providers. This education provides pertinent information to help protect you, our patients and Advocate Aurora. You will be presented with pertinent examples, reminders, helpful resources and shown sound practices for maintaining/safeguarding HIPAA and compliance related information.</td>
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**Instructions**
- This course is tested/guaranteed to function on Advocate Aurora configured network PC's. Many links within this course rely on Advocate Aurora Policy System access (only team members have access). Non-Team Members will be provided offline access for certain Key AAMH policies being referenced in this course.
- **How to navigate this course**
- This course contains videos throughout containing sound.

<table>
<thead>
<tr>
<th>Technical Contact</th>
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<tr>
<td></td>
<td>For technical questions contact:</td>
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<tr>
<td>IL facilities:</td>
<td>HR Direct [online or 847-685-1447 (Tie Line 23-1447)]</td>
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<tr>
<td>WI facilities:</td>
<td>414-647-3520 (in Milwaukee) or 1-800-889-9977</td>
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<tr>
<th>Content Contact</th>
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<tbody>
<tr>
<td>Laura Olson, Education Compliance</td>
<td>414-299-1722</td>
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Created: January 2020
Updated: September 2020

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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

**Our Purpose:**
*We help people live well*

**Our Values:**
*Excellence, Compassion, Respect*

AdvocateAuroraHealth
### Compliance: Making The Connection With Your Practice

**AdvocateAuroraHealth**

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**Introduction (Cont.)**

**Target audience:** Physicians and Advanced Practice Clinicians (APCs) employed by Advocate Aurora Health and those who are members of the Medical Staff at Advocate Aurora Health 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 the Advocate Aurora Health Compliance & Integrity Department, as well as federal agencies, including the Office of the Inspector General and the Centers for Medicare and Medicaid Services and their contractors, have identified on the part of providers in multiple areas related to regulatory compliance.

**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 healthcare 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 HIPAA (Health Insurance Portability and Accountability Act) Privacy and Security Rules.
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.

Compliance & Integrity Program

Advocate Aurora Health’s Compliance & Integrity Program is here to help you do the right thing. This course will highlight a number of topics that are not well understood or are otherwise at high risk for noncompliance.

Role of Compliance & Integrity Program

1. PREVENT
2. DETECT
3. CORRECT

Violations of Law, Regulations, Policies
Unethical Conduct
Report Concerns

- Failure to report compliance and ethical concerns may result in harm to our patients, our financial health and our reputation
- Reporting possible compliance and ethical concerns is required of everyone at Advocate Aurora Health
- 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
1.117 Report Concerns

No Retaliation For Reporting Concerns

If you report a compliance or ethical concern in good faith, you are protected from retaliation by the law and by Advocate Aurora Health’s Reporting Compliance Concerns Non-Retaliation Policy.

**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.

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Examples Of Compliance Concerns To Report

<table>
<thead>
<tr>
<th>Ethics &amp; Integrity:</th>
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<tr>
<td>• Retaliation because you raised or reported a compliance concern</td>
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<tr>
<td>Billing &amp; Documentation</td>
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<tr>
<td>• Billing for services not provided or double-billing</td>
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<td>• Billing for services that do not meet coverage criteria or are not medically necessary</td>
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<tr>
<td>• Inaccurate billing of medications/medication costs</td>
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<tr>
<td>• Inaccurate documentation (including copy/paste errors, inappropriate scribbling, etc.)</td>
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<td>• Upcoding or no charging</td>
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<th>Gifts &amp; Influence:</th>
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<tr>
<td>• Accepting expensive gifts from patients</td>
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<td>• Accepting gifts, items/services of value from vendors</td>
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<tr>
<td>• Conflicts of interest</td>
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<tr>
<td>• Providing gifts/courtesies/discounts to patients or to physicians and other referral sources</td>
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<th>Other:</th>
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<td>• Inappropriate prescribing</td>
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<th>Patient Rights:</th>
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<tr>
<td>• Discrimination</td>
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<td>• Research misconduct</td>
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<th>Privacy &amp; Security:</th>
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<tr>
<td>• Password sharing</td>
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<tr>
<td>• Unauthorized access to or use of patient information, including snooping</td>
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<td>• Unauthorized disclosure of patient information</td>
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<tr>
<th>Qualifications Of Team Members:</th>
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<tr>
<td>• A lapse in license or certification</td>
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<td>• Practicing outside of the allowed scope of practice</td>
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How to Report Compliance Concerns

- Discuss with your manager or another leader
- Directly Contact an Advocate Aurora Health Compliance Officer
  
  - **IL Team Members** - Compliance and Integrity Department Website, look for the Compliance and Integrity Team Directory link under the Documents section
  
  - **WI Team Members** - Compliance and Integrity Department Website, look for the Compliance and Integrity Team Directory link under the When to Notify Compliance section
  
  - Call the Compliance Hotline 24/7 at (888) 847-8331. (You will have the option to identify yourself or leave an anonymous message)
  
  - Report to the Compliance & Integrity Department using the Compliance & Integrity Reporting website

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Report Privacy/Security Breaches

HIPAA Privacy Breach Investigation and Notification Policy

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

- Compliance Hotline
  - (888) 847-8331
- Compliance & Integrity Reporting
  - [www.advocateaurorareporting.ethicspoint.com](http://www.advocateaurorareporting.ethicspoint.com)

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
  - (650) 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

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Report Harassment

- Team Members who do not feel in danger, and are comfortable doing so, should 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 the team member is not comfortable speaking directly to the person, the team member should contact their leader, another member of leadership, to Human Resources or to the Advocate Aurora Compliance Hotline

- If the team member believes that he/she has been retaliated against for reporting harassment or participating in an investigation, or if the team member directly experiences and/or observes any incident of harassment or intimidation, the team member should report this right away to their leader, another member of leadership, to Human Resources or to the Advocate Aurora Compliance Hotline
1.123 Mandatory Self-Reporting

Mandatory Self-Reporting

Team members are required to notify Human Resources in writing as soon as possible, and no later than three (3) working days if any of the below occurs. Those 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 having 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 separation of employment or voluntary resignation from the Medical Staff. See Advocate Aurora Health Criminal Background Check 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.

If you decide to talk to 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 Department.

Contact the Legal Services or Compliance & Integrity Department if you received a federal grand jury subpoena.
Government Contacts at Advocate Aurora Health

Review the contact information for Government Correspondence and/or Requests guide. The guide instructs whom to contact if you receive a communication from a government or law enforcement agency. This document is available on the Compliance & Integrity website’s home pages.

Information Privacy

HIPAA Fundamentals

Access, use and disclosure of a patient’s protected health information (“PHI”) is allowed for treatment, payment and health care operations, as permitted by law, and with the patient’s signed written authorization. Only use or disclose the minimum information necessary for the intended purpose.

Patient Information can be used/disclosed for the provision, coordination, or management of healthcare 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, this allowance no longer applies.
- 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.

Healthcare Operations

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 of the use of the information.
HIPAA Fundamentals (Cont.)

Protect patient information so that unauthorized parties cannot see or hear it.

Examples:
- Always lock your workstation, computer, devices, and applications when you leave the area.
- Check the patient name on each page of printed documents, such as the After Visit Summary, to make sure you are handing it to the correct patient.
- Use a low tone of voice in situations where others may be able to overhear your discussion involving patient information.
- When transporting PHI, secure documents and devices (i.e. cell phones, computers) at all times. If PHI must be left unattended, lock it in the trunk or store it in a hidden location. Never leave PHI in a vehicle overnight.
- Dispose of documents and other media containing PHI by placing in an approved confidential waste receptacle, shredding, or permanently obliterating or defacing the PHI.

HIPAA Business Associate Agreements are required before PHI is disclosed to a third-party vendor providing services on our behalf. All service agreements should be executed through the appropriate system contracting process involving Supply Chain and/or Legal to ensure that Business Associate Agreements are in place when required.

Epic Access Monitoring

Epic access is monitored using a privacy breach detection software called Security Audit Manager (SAM). 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.

HIPAA Breaches
- A HIPAA breach occurs whenever protected health information (PHI) is accessed, used, or disclosed inappropriately. A breach is a violation of the HIPAA Privacy Rule.
- In some cases, the patient must be notified of the breach.
- Breaches put Advocate Aurora at risk for enforcement action by the Office for Civil Rights (federal agency that enforces HIPAA).
- Breaches are a risk to Advocate Aurora Health’s reputation.

Communicating In The Presence Of Others

Disclosing patient information in the presence of family members or others:

- Obtain the patient’s permission to discuss information in the presence of others.
- Be extra careful when discussing sensitive information.
- Be knowledgeable about who is in the room.
Access To Family/Friends’ Records and Your Own Record

Physicians (MDs and DOs)
- Can access their own records and the records of minor children under the age of 12 without an authorization
- Authorization is needed to access the records of family and friends
  - The form can be obtained from any Advocate Aurora Health HIM (Health Information Management) Department
  - Authorization needs to be co-signed by minor children age 12 and older

APC’s and Other Clinicians
- Cannot access their own records; need to follow the same process as all other Advocate Aurora Health team members
- Cannot access the records of family and friends without a formal treatment relationship

Avoid Common HIPAA Violations

<table>
<thead>
<tr>
<th>Disclosure to Law Enforcement</th>
<th>You need the patient’s written authorization or a court order is required. In rare cases, disclosures 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.</th>
</tr>
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<tbody>
<tr>
<td>Leaking Voice Mail Messages</td>
<td>You need the patient’s written permission to learn clinical information on a messaging system.</td>
</tr>
<tr>
<td>Disclosing to Employers</td>
<td>You need the patient’s written authorization with the exception of Worker’s Comp. Limit WC disclosures to what is related to the injury.</td>
</tr>
<tr>
<td>Curiosity</td>
<td>It is not permissible to access other providers’ schedules, census lists, tracking boards, patient records, etc. out of curiosity. This is permissible when done for treatment purposes.</td>
</tr>
<tr>
<td>Child Abuse and Neglect</td>
<td>An authorization is not needed to report child abuse or neglect to public health authorities or other government authorities authorized by law to receive such reports.</td>
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Accountability for HIPAA Related Violations

- HIPAA (or related) violations will be handled in alignment with:
  - Advocate Aurora Health’s Just Culture Decision Guide (contact your manager or site administration to learn more or for questions about the guide)
  - Advocate Aurora Health’s Corrective Action policy
- It is Advocate Aurora Health’s policy to use a progressive corrective action process but circumstances may warrant any level of corrective actions up to and including separation of employment
- Because Advocate Aurora Health takes an integrated approach to responding to HIPAA violations, all HIPAA related violations will be handled in a consistent, fair and just manner
Information Security

Password Security

**DO:**
- Use a unique "passphrase" rather than a hard-to-remember password.
  A passphrase uses multiple words rather than a single word.
  For example: "BevInfoSecurity12!"
- Create a password with:
  - A minimum of 8 characters.
  - 3 of the 4 types of characters: special characters, upper case letters, lower case letters, and numbers.
- Reset your password every 90 days

**DO NOT:**
- Share your login ID or password with anyone – not even if it helps you to be more efficient or makes a job function more convenient
- Store passwords in an insecure place (e.g. sticky notes under a keyboard)
- Store your passwords as shortcuts in applications (e.g. voice to text recognition software, web browsers, documents, or spreadsheets)
Device Security
Laptops, Desktops, Mobile Devices, etc.

- Keep all devices physically secure at all times
- Do not leave devices or bags containing them visible in a locked car
- You must lock or log out of devices when you are no longer using them
- Ensure patches and antivirus are up to date on personal devices
- Encrypt all devices
- Avoid use of USB drives and flash drives. If necessary, the USB drive will be automatically encrypted when connecting to an Advocate Aurora Health owned desktop or laptop in accordance with the Removable Media Policy
- Only use Approved Applications when connecting with Advocate Aurora Health systems
- Never download new applications without first checking with the Service Desk. Only use Approved Applications when connecting with Advocate Aurora Health systems

Mobile Device Security

Advocate Aurora Health’s Mobile Device Policy requires team members accessing Advocate Aurora Health information and systems on their personally owned mobile devices to adhere as follows:

- Device must be protected with a password, PIN, and/or Touch ID and programmed to automatically lock after a set idle time period
- Device and any removable storage must be encrypted. iPhones automatically encrypt once a PIN is added. Androids may differ—contact the Advocate Aurora Health (IL/WI) HIT Service Desk for more guidance
- If confidential information is being stored on the device, AirWatch enterprise mobility management (EMM) software must be installed
- If you lose your Advocate Aurora Health provided or personal mobile device, you MUST contact the Advocate Aurora Health (IL/WI) HIT Service Desk. The HIT Service Desk may need to remotely wipe the device to protect Advocate Aurora Health information
1.141 Physical Security

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: 414-259-1761; Illinois: 847-723-2722).
- Secure items in your work area that could be used by an impostor to ensure they are not stolen. These include secure lab coats, stethoscopes, volunteer uniforms and surgical scrubs.
- Monitor your work area, always questioning whether what you see is appropriate. You know what is normal and can best identify unusual situations. Report suspicious people to Public Safety.

1.142 Your Role With Privacy and Security

Your Role With Privacy and Security

As an Advocate Aurora Health team member, you play an important role in making sure confidential information is kept safe and private. You are protecting our patients’ information, your fellow team members’ information, and your own personal information.

Do the following:

- Complete annual and other compliance awareness training.
- Understand and follow the privacy and security rules that apply to your role.
- Safeguard PHI to prevent any unauthorized use and disclosure.
- Offer suggestions for practices that would improve privacy and security compliance.
- Report any potential privacy and security concerns to:
  - Your leader
  - Site Privacy Officer, or
  - Compliance Hotline at 866-947-6331 or online.

Information Security Resources

Policies

- Acceptable Use of Information Resources
- Account Management
- Cybersecurity Incident Response
- Information Classifications
- Integrated Desktop/Laptop Security
- Mobile Device Security
- Password Policy
- Removable Media
Fraud, Waste & Abuse

Fraud, Waste and Abuse (FWA)

FRAUD is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or others.

WASTE is the overutilization, underutilization or misuse of resources.

ABUSE includes provider practices that are inconsistent with sound fiscal, business or medical practice and result in:
- Unnecessary cost to federal health care programs, or
- Payment for services that are not medically necessary or fail to meet professionally recognized health care standards

FRAUD, WASTE AND ABUSE LAWS INCLUDE:
- FALSE CLAIMS ACT
- EXCLUSION STATUTE
- CIVIL MONETARY PENALTIES
- ANT KICKBACK STATUTE
- PHYSICIAN SELF-REFERRAL STATUTE (“STARK LAW”)

Financial Relationships
The Anti-Kickback Statute

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 Anti-Kickback Statute ("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.

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.
- 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

Galena Biopharma Inc. agreed to pay more than $7.55 million to resolve allegations that it paid kickbacks to physicians to induce them to prescribe its fentanyl-based drug, Abstral.

The United States contends that Galena paid multiple types of kickbacks to induce physicians to prescribe Abstral, including:

- Providing more than 85 free meals to physicians and staff from a single, high-prescribing practice.
- Paying physicians $8,000 and speakers $6,000, plus expenses, to attend an "advisory board" that was partly planned and attended by Galena sales team members.
- Paying physicians to refer patients to the company's RELIEF patient registry study, which was nominally designed to collect data on patient experiences with Abstral, but acted as a means to induce the physicians to prescribe Abstral.

Two of the physicians who received remuneration from Galena were tried, convicted and later sentenced to prison. Galena cooperated in that prosecution.
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, and
- 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:

<table>
<thead>
<tr>
<th>WHY ME?</th>
<th>Does the company/individual really need my particular expertise or input?</th>
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<tbody>
<tr>
<td>FAIR COMPENSATION</td>
<td>Does the amount of money I am being offered seem fair and appropriate for what I am being asked to do?</td>
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<tr>
<td>POSSIBLE INFLUENCE</td>
<td>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?</td>
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<tr>
<td>PATIENT PERCEPTION</td>
<td>If I disclosed this relationship to my patients, might they have concerns that I am being unduly influenced?</td>
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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.

Astellas Pharma paid $100 million for offering kickbacks
Astellas asked two foundations to create copay assistance funds to cover copays for Medicare patients taking alpha nouductase inhibitors (ARIs), but not for other types of prostate cancer drugs. Both foundations opened ARi-only copay funds. Astellas was the sole donor to both funds. Medicare patients taking Xtandi received nearly all of the copay assistance from the two ARI funds. During the time that the ARI funds were open, Astellas promoted the existence of the ARI funds as an advantage for Xtandi over competing drugs in an effort to persuade medical providers to prescribe Xtandi.

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.

Every patient deserves the best care.

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.
- 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 matter, an exception, with all its required components, must be met.
- Financial relationships include both ownership/Investment Interests and compensation arrangements.

Fairs Market Value/Commercial Reasonableness

While each of the 24 Stark exceptions has its own unique requirements, Fair Market Value (“FMV”) and Commercial Reasonableness are two common requirements.
- Any remuneration flowing between hospitals and physicians should be at FMV for actual and necessary items furnished or services rendered based upon an arm’s-length transaction and should not take into account, directly or indirectly, the value or volume of any past or future referrals or other business generated between the parties.
- 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.
- The commercially reasonable standard can be briefly described as the requirement that the arrangement make business sense without being contingent on physician referrals.
Consequences

Consequences

Conway Lakes Health and Rehabilitation Center paid $1.5 million to settle allegations that they paid Dr. Kenneth Krunans under a sham "medical director" agreement to induce him to illegally refer Medicare and TRICARE patients to Conway Lakes for rehabilitation services.

Covidien LP, a medical device company, paid $17.4 million to settle allegations that they provided free or discounted practice development and market development support to physicians to induce purchases of Covidien’s vein ablation products. The support included customized marketing plans, scheduling "lunch and learn" meetings and dinners to drive referrals to specific physicians, and providing assistance with planning, promoting and conducting vein screening events.

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

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
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:

1. Actively knowing a claim is false.
2. Deliberately ignoring whether a claim is true or false or;
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.

False Claims Act 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
- Misrepresenting a diagnosis, including RAF scores, to justify services or increase reimbursement
- Of such low quality that they are virtually worthless
- Billed separately when already included in a global fee
- Unbundling charges to increase reimbursement, including discharging a patient directly to outpatient services
- Billing for a service without a valid order from a provider
- Performed by an employee who has been excluded from participation in the Federal health care programs
- Making a false statement, including forging a physician’s signature to obtain payment for services rendered
- Submitting inaccurate quality measures
- Filing a claim for a service that was the result of a kickback or bribe
False Claims Act - Learning From Others

Dr. Anh Do was sentenced to 36 months in prison and paid almost $1.9 million for signing Plans of Care and other medical documents that falsely and fraudulently certified and re-certified patients for home-health services. Sutter Health LLC paid $30 million dollars to settle allegations submitted unsupported diagnosis codes for certain patient encounters of beneficiaries under their care. These unsupported diagnosis codes inflated the risk scores of these beneficiaries, resulting in the Medicare Advantage plans being overpaid.

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 provider'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 provider did not review and edit the results of

Scribe Guidelines

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

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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 Competence
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 and inclusion is a key priority for Advocate Aurora Health and is defined as:
- Diversity is difference. It’s what makes our team members, our patients, consumers and communities unique
- 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 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. Access: 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

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Gender Identity

The **Affordable Care Act’s Nondiscrimination in Health Programs and Activities** regulation became effective in 2016.

**It includes the following:**

- Individuals cannot be denied or have health care limited based on their biological sex, gender identity or gender stereotyping
- Individuals must be treated consistent with their gender identity, including their access to facilities
- Providers may not deny or limit health services based on the fact that an individual's sex at birth, gender identity or gender otherwise recorded in a medical record is different from the one to which such health services are ordinarily or exclusively available

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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 definition of a disabled person is an individual who has a physical or mental impairment that substantially limits one or more major life activities.**
Recognizing Limited English Proficiency (LEP) and Those With Special Communication Needs

Recognize the special communication needs of consumers with LEP.

Consider the following when providing care to patients with LEP:
- Effective communication may be compromised by language barriers, cultural differences, and low health literacy.

Patients with LEP:
- Report more communication difficulties with clinicians due to language or cultural barriers.
- May have less involvement in clinical decisions.
- May have more difficulty understanding instructions from the clinician's office, and instructions on prescription bottles.

Documentation that an interpreter was utilized is an official component to providing care to an individual with LEP. 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 duty to provide a qualified medical interpreter to all patients who need help in communicating.
- This includes patients/other individuals with limited English Proficiency, special communication needs such as hearing, vision, and literacy needs, and patients who prefer to converse in a language other than English.
- Consumers may choose to use an agreeable adult companion. For patient safety, a clinician may request that a qualified medical interpreter be present.
- Access to care and services may not be delayed to wait for the preferred interpreter's modality. We must always offer an interpreters resource and should not 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.

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

Recognizing communication needs and using a qualified interpreter is required in order to ensure consumers:

- Provide an accurate and complete medical history
- Understand the procedure and associated risks and benefits for proper informed consent
- Properly prepare for tests and procedures
- Are able to follow their treatment plan, follow discharge instructions, identify complications and understand the follow-up plan
- Access to care and services may not be delayed to wait for the preferred interpreter modality
- We must always offer an interpretive resource and should not rely on consumers to provide their own interpreter
- If requested for translated documents, refer to Language Services

Documenting that an interpreter was used is a critical component to providing care to an individual with Limited English Proficiency ("LEP") or with other communication needs.

Harassment Policy

- At Advocate Aurora Health, we are committed to maintaining a workplace free from intimidation and harassment. Advocate Aurora Health specifically prohibits such intimidation and harassment of any team member, patient, client, customer or visitor.
- In addition, 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 in the course of our work-related duties. We are committed to taking appropriate action to effectively address and prevent further harassment from non-Advocate Aurora Health team members.
- If you directly experience and/or observe any incident of harassment or intimidation, report this right away to your leader, another member of leadership, Human Resources or to the Advocate Aurora Health Compliance Hotline.

Advocate Aurora Health's Civil Rights Coordinator

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

Joelle Espinosa is Advocate Aurora Health's Civil Rights Coordinator

- If you, a co-worker, a patient or even a family member have a concern or question, you may directly reach out to Joelle by phone at 414-219-8630 or via e-mail at Joelle.Espinosa@aurora.org
- Contact the Civil Rights Hotline at 888-568-6845 or via e-mail at CivilRights@aurora.org
EMTALA

- EMTALA (Emergency Medical Treatment and Labor Act) 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 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.

EMTALA – Remember to also ...

- Wait to ask for financial information until medical screening exam is done, or after triage, if the patient is waiting and agrees.
- Wait to discuss other health care settings until after:
  - The medical screening exam has been completed and there is no emergency medical condition
  - The emergency medical condition is stabilized or the patient needs to be transferred
- And, before instructing ambulance personnel to take the patient to another hospital, (if already on hospital property), ensure:
  - A medical screening exam has been performed and documented
  - Transfer documentation is complete, signed and sent with patient
  - The accepting facility has the capacity and has agreed to accept the individual
Restraint - Patient Rights

- Physical Restraint - any manual method, physical, or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.

- Chemical Restraint - A drug or medication when it is used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition.

Please review your state’s policy for the definitions of non-violent and violent restraints, as well as for the requirements that must be met when they are used.

Patient Rights and Restraint Policy

- Seclusion is only permitted for patients on Psychiatric or Behavioral Health units. Seclusion is the involuntary confinement of a person in a room or in areas where the person is physically prevented from leaving.

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, non-physical 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.

Order: The use of restraint must be in accordance with the order of a physician or other licensed independent practitioner 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.

Requirements Specific To Violent Restraints

Used ONLY when there is an imminent risk of a patient physically harming themselves, caregivers, 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.

- May be completed by a physician, LIP or a registered nurse or physician assistant who has been trained in the CMS restraint and seclusion training requirements.

- If the face-to-face evaluation is conducted by a trained nurse, the nurse must consult the physician as soon as possible after the completion of the 1 hour face-to-face evaluation.

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.

If you do NOT work with Research.
Research Misconduct

Definitions:
Fabrication: falsification or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion.
- Fabrication is making up data or results and recording or reporting them.
- Fabrication is manipulating research materials, equipment or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- Plagiarism is the appropriation of another person's ideas, processes, results or words without giving appropriate credit.

Consequences include possible harm to:
- Advocate Aurora Health's patients and research subjects
- Advocate Aurora Health and the researcher's reputation
- The reputations of innocent individuals working with the individual engaged in misconduct.

Reporting suspected research misconduct by:
- Contacting the Research Compliance Officer.
- Calling the Compliance Hotline at (888) 847-6331 or report using the reporting website.
- Contacting another Advocate Aurora Health official.

Following a reported concern, an inquiry will be conducted. It will follow very prescriptive procedures as detailed in the Research Misconduct Policy to ensure consistent and fair treatment and to ensure the protection of both the individual accused of engaging in misconduct and the individual bringing forth the allegation.

Use and Disclosure of PHI in Research

USE AND DISCLOSURE

- Only access, use or disclose a patient’s protected health information ("PHI") as is allowed for treatment, payment and health care operations, unless permitted by law or by the patient’s signed written authorization. In addition, only use the minimum necessary information you need to perform your job duties.
- Always remove patient identifiers that aren’t necessary to your purpose.
- If you are using or disclosing PHI for research purposes, be sure to obtain subject authorization, a waiver of the authorization requirement from the IRB or otherwise meet Privacy Rule requirements.
Conflicts Of Interest In Research

The COI In Research-Individual Policy requires all investigators disclose significant financial interests before research begins (see the policy for full disclosure requirements). These interests are evaluated to determine if a conflict of interest exists, and management plan created, if possible.

Certain conflicts are prohibited:
- Payment contingent upon particular Research results or tied to successful Research outcomes
- Payment/recruitment bonuses or incentives for enrolling or referring patients to Research studies unless:
  - the payment is intended to cover expenses related to recruitment efforts and documented as such, and
  - the payment is commensurate with the work being performed

Physician Supervision Levels

CMS (Centers for Medicare and Medicaid Services) has very specific requirements for physician supervision of diagnostic and therapeutic services, and these are service-specific. In order to understand the necessary level of physician supervision to meet billing needs, physicians must know where the service is being supervised, what is being supervised, and who is being supervised.

Note: Physicians (MD or DO) are required to supervise:
- Diagnostic Tests
- Cardiac Rehab
- Pulmonary Rehab
- Hyperbaric Therapy

For more information, refer to the Outpatient Therapeutic Infusion Supervision 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.

**Thing to know:**

- The [CMS Physician Fee Schedule Relative Value Files](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QIP/QIP-Physician-Clinical-Performance-Assessment-System) provide physician 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 (such as infusion therapy) require direct supervision for the initiation of the service, followed by general supervision for the remaining portion.

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**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 you are employed by Advocate Aurora Health. If you are a member of the Medical Staff or APC Staff of an Advocate Aurora Health facility, notify Medical Staff Services immediately.

In addition, 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 for assistance.

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**Supervision: Collaborative Agreements**

When you work with an Advanced Practice Clinician (APC), both you and the APC have an obligation to ensure a collaborative or supervising agreement is in place.

Standard template agreements must be used. They are located on the Compliance & Integrity website:

- [II. Template Agreements](https://www.articulate.com)
- [WI Template Agreements](https://www.articulate.com) - On the right-hand menu, select Guidance and Resources and then Collaborative/Supervision Agreements
Supervision: Teaching Residents or Fellows

- The Teaching Physician (TP) must have a face-to-face interaction with the patient for every billed visit.
- The Teaching Physician must document that they performed the service or were physically present during key portions of the services performed by the resident.
- The physician’s documentation should support any updates to the patient’s condition or plan of care noted during the physician’s review.
- The service cannot be billed if only the resident/fellow documents the presence of the supervising physician.

Example of Acceptable Teaching Physician Documentation:
- “I have seen and examined the patient. Physical examination was normal. She is tolerating diet well. Continue prn medications. (Epic phrase: teaching/medication)"

Supervision: Teaching Medical Students

- Any contribution and participation of a Medical Student to the performance of a billable service must be performed in the physical presence of a Teaching Physician or Resident.
- The Teaching Physician must personally perform (or re-perform) the elements of the E&M service code billed.
- Medical Students may document services in the medical record; however, the Teaching Physician must verify/attest to the medical record all student documentation or findings.

Incident to Guidelines

A physician may bill for the services of an Advanced Practice Clinician (APC) 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 note for an “incident to” visit.
Conflicts of Interest (COI)

Disclosing Significant Interests

The main focus of Advocate Aurora Health's conflict of interest program is to identify and appropriately manage conflicts. While some conflicts need to be eliminated, most can be managed.

IMPORTANT REMINDERS:

- You are required to complete the annual Significant Interest Disclosure Statement within 30 days of receiving the e-mail requesting you to do so.
- Any new or changed Significant Financial Interest (as defined by the policy and in the questionnaire) arising between annual disclosures must be reported to Compliance within 30 days.
- 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.
- A conflict of interest does not necessarily mean patient care, education, or research has been compromised. Rather, it means there is a situation or circumstance that creates or increases the risk that a significant interest may have undue influence.

Open Payments Database

Open Payments is a federal program that collects information about the payments drug and device companies make to physicians and teaching hospitals for things like travel, research, gifts, speaking fees, and meals. It also includes ownership interests that physicians or their immediate family members have in these companies. This data is then made available to the public each year on a website.

The Compliance & Integrity Department periodically reviews the Open Payments website to confirm financial interests have been disclosed on the Significant Interest questionnaire.

To see what is posted about you on the website — Click Here.
Drug Diversion

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.
- There can be implications for billing and the False Claims Act since the patient and/or a health plan is paying for the diverted medications.
- Team members and providers 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 having the issues.

Report suspected diversion to the Compliance Hotline.
Call (888) 847-4524 or Online: CSHR.HOTLINE

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

Information Classifications

AdvocateAuroraHealth
Information Classifications

- The Information Classification Policy details the different types of data that you may work with at Advocate Aurora Health. Protected Health Information (PHI) and electronic PHI are listed as Legally Restricted Information, which means you must take the most care if it is in your possession.
- Other types of information include Advocate Aurora Health Restricted Confidential Information, Internal Restricted Information, and Public Information. Read the policy to understand how to properly handle the class of data with which you usually work.

Non-Retaliation

Team members should be encouraged to bring up concerns that they have. Do not retaliate in any way when a team member reports a concern. That is true when a team member reports any type of concern, not just compliance concerns.

**BE AWARE OF WHAT MIGHT BE PERCEIVED AS RETALIATION**
- A lower merit increase than what was typical in the past
- Unwanted shift change
- Harassment
- Nitpicking
- Ignoring the team member during meetings
- Threatening to terminate the team member
- Assigning a project to a less-qualified team member
- Unexpectedly less pay

More On Retaliation

- Make sure your decision is not influenced by the team member’s report of a concern and is supported by your documentation.
- Retaliation for reporting a compliance concern is prohibited by federal law and by Advocate Aurora’s Non-Retaliation Policy.

**Retaliation examples:**
- A nurse requests an ethics consultation regarding a terminally ill patient. The patient’s physician does not understand the value of the consultation and threatens to have the nurse fired.
- A team member contacts the Compliance Hotline to report a concern about a co-worker falsifying documentation. After a Compliance Officer discusses the situation with the co-worker’s supervisor, the supervisor warns the reporter that disciplinary action will occur in the future if issues are not initially brought to the supervisor’s attention first.
- A team member reports a compliance concern to the system hotline. The team member has received exemplary performance reviews throughout an entire career, but now claims that a promotion did not occur due to discrimination. The team member’s most recent performance review notes multiple areas for improvement that were never discussed with the team member prior to the review.
Signage and Notices

There are multiple regulatory requirements for posting notices and/or providing written information to patients. Some common examples include:

- The Notice of Privacy Practices (poster and brochure)
- Right to an Interpreter (poster)
- Notice of Patient Rights (brochure)
- Notice of Non-Discrimination (poster)
- Important Message from Medicare (signed notice)
- EMALA (poster)

Be sure you know what signs/notifications are required in your service delivery area. Look around your facility and resolve/report what may be missing and work with your site Compliance Liaison if you need assistance.

Conflict of Interest (COI) Management Plans

- If it is determined that you have a conflict of interest (COI) that requires a management plan, a member of the Compliance & Integrity Department will work with you and your leader to create a management plan. You will be asked to sign the plan.
- If a conflict of interest management plan is required for one of your direct reports, you will be made aware. You are expected to monitor compliance with the plan.

- Some management plans are simple and straightforward. For example, a plan may require a team member to recuse themselves from discussions related to selecting a product or vendor when the team member has a personal interest in the outcome.
- Some plans can be more complex. Your partners in the Compliance & Integrity Department will assist you in developing and understanding the plan.
- A team member who has a plan in place still needs to complete the annual disclosure questionnaire.

If physician financial relationships ARE NOT relevant to your role -- Click Here

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 healthcare, FMV would basically be determined by what you could negotiate. Under the Stark Law, however, the government expects the use of sound appraisal 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.

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Stark Reminders

- 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 $423 per physician, per hospital, per year in 2020. (For additional information, please contact your Compliance Officer or visit the CMS website.)

— These gifts can never be cash or a cash equivalent

Stark Consequences

- Conway Lakes Health and Rehabilitation Center paid $1.5 million to settle allegations that they paid Dr. Kenneth Krumen under a sham “medical director” agreement to induce him to illegally refer Medicare and TRICARE patients to Conway Lakes for rehabilitation services.
- Covidien LP, a medical device company, paid $17.4 million to settle allegations that they provided free or discounted practice development and marketing development support to physicians to induce purchases of Covidien’s vein ablation products. The support included customized marketing plans, scheduling “lunch and learn” meetings and dinners to drive referrals to specific physicians, and providing assistance with planning, promoting and conducting vein screening events.

Individual Accountability For Misconduct

- One of the most effective ways to combat corporate misconduct is to ensure the individuals who committed the wrongdoing are held accountable.
- Advocate Aurora Health is required to provide information to the Department of Justice about individuals involved in corporate misconduct.

Example Of This In Practice:
Prime Healthcare Services, Inc. and Prime’s Founder and chief executive officer, Dr. Prem Reddy, have agreed to pay the United States $65 million to settle allegations that 14 Prime hospitals in California knowingly submitted false claims to Medicare by admitting patients who required only less costly, outpatient care and by billing for more expensive patient diagnoses than the patients had (a practice known as “up-coding”). Under the settlement agreement, Reddy will pay $3.25 million and Prime will pay $61.75 million.
- I am aware of and understand Advocate Aurora Health's Code of Conduct.

- I will only access confidential information (patient and/or business information) that is necessary to perform my job duties at Advocate Aurora Health, including my own information and that of my family members/friends (with the exception of physicians who can access their own information without an authorization and family and friends with an authorization).

- Except as required by my job duties, I will not, either while employed or on staff with Advocate Aurora Health, or thereafter, directly, or indirectly use, disclose, or keep copies of any confidential information without the prior written consent of Advocate Aurora Health.

- I am aware that I am required by Advocate Aurora Health to abide by all legal requirements and by Advocate Aurora's policies that relate to my job duties.

- I understand that I am required to report any compliance concerns I may have, including HIPAA concerns, to my leader or to the Compliance & Integrity Department.

- I am aware that I can report my concerns by calling the Compliance Hotline at (1-888-847-6331) or by going to Compliance & Integrity Reporting website.

- I am not aware of any specific compliance concerns that I have not already reported.
Unconscious Bias Toolkit
OUR PURPOSE
We help people live well.

Our Values

EXCELLENCE
We are a top performer in all that we do.

COMPASSION
We unselfishly care for others.

RESPECT
We value the unique needs and preferences of all people.
The “WHY”

At Advocate Aurora Health, our values encourage us to demonstrate excellence, compassion, and respect in everything we do.

By learning more about our unconscious biases, we can better uphold these values and foster a diverse and inclusive environment for everyone.
Learning Objectives

- Define Unconscious Bias
- Recognize Unconscious Bias and its impact on patient and team member interactions
- Identify their blind spots related to Unconscious Bias
- Identify how recognizing their biases will positively impact their ability to Value Difference
Intent vs. Impact

Others can’t see your intentions. It’s your behavior’s impact that matters. When the impact is different than what is intended...

Think about where you can take responsibility.

Empathize with the other person by respecting that they may have a different perspective to the situation at hand.

Discuss openly the original intention and recognize how the impact may have been perceived differently by the other person.

Acknowledge how you could have handled the situation differently and apologize for any miscommunication or misunderstanding on your part.
Common Forms of Unconscious Bias

**Confirmation Bias:**
When a person looks or only sees information that supports a bias or stereotype.

**Group Think Bias:**
Agreeing with the consensus to fit in with the group.

**Halo Effect Bias:**
Occurs when someone has an affinity for a coworker because they can “relate” to them. The reason can be unknown.

**Rush-to-Solve Bias:**
When people hurry to make decisions because of limited time, outside pressure, or budgetary constraints.
Solutions to the Common Forms of Unconscious Bias

**Confirmation Bias:**
Have healthy skepticism as part of your decision-making process.

**Group Think Bias:**
Create an inclusive work environment by striving to include others, welcome new ideas, and promote openness to contrary beliefs and viewpoints.

**Halo Effect Bias:**
Ask your “go to person” who they would recommend for the next task and find out why.

**Rush to Solve Bias:**
When you are in a rushed decision, take a moment to visualize your decision before acting. Ask yourself, “What repercussions will my actions or decisions have on me and those around me after things slow down?”
Questions to Reflect On

What is Unconscious Bias?

What are some of your Hidden Biases as it relates to Unconscious Bias?

After completing the course, where has your Unconscious Bias possibly influenced your interaction with a team member or patient?

How will recognizing your Unconscious Bias impact your ability to Value Difference?

What are some tips and techniques for addressing our Unconscious Bias?

What will be the impact on our team’s engagement/performance if we don’t work to address or Unconscious Bias?
# Key Points

<table>
<thead>
<tr>
<th>Everyone has Unconscious Bias.</th>
<th>Other people can’t see our intentions. It is our behavior that has impact that matters.</th>
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<tbody>
<tr>
<td>Recognizing our Unconscious Bias and thinking more objectively will help to see things/people as they really are, not as we may think they are.</td>
<td>It’s not always what we do or say, it’s the way we do or say it.</td>
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## Action Plan

<table>
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<tr>
<th>WEEK 1</th>
<th>WEEK 2 &amp; 3</th>
<th>WEEK 4</th>
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| Identify a behavior you will develop and how you will know you are successful in demonstrating that behavior. Identify a development partner. A development partner is another individual on the Diversity, Equity and Inclusion journey as well. | • Practice your behavior daily/weekly.  
• Ask for feedback from your development partner.  
• Share examples of ways you have valued diversity recently. | • Formally revisit the topic.  
• Determine if you are executing your action plan. |
Our Goal

1. What behavior changes have you made over the past 4 weeks?
2. What has been the impact?
3. What feedback have you solicited from/shared with your development partner?
4. What support do you need for your continued development?
High Reliability

Advocate Aurora health is on a journey to becoming a High Reliability Organization. In order to achieve this goal, we are rolling out high reliability tools and tactics that will help us achieve reliable practice: The Consumer First experience.

Our newly formed organization remains committed to transforming the consumer experience through our commitment to zero harm and a purpose to help people live well. The High Reliability Tools and Tactics provide all team members and providers a consistent, standard set of expectations to support this journey.
HIGH RELIABILITY TOOLS AND TACTICS

AAH brings the team member behaviors to life through the use of the High Reliability tools and tactics. These tools and tactics will help provide highly reliable, quality care while avoiding serious harm, contributing the Consumer experience.

Values Differences

- Through their eyes: Recognize and value the perspective of the patient, loved one, or coworker to create mutual understanding and respect.
- Connect meaningfully: Express genuine interest and relate to patients, loved ones, and team members as an individual rather than a diagnosis or role.
- Appreciate differences and respect preferences: Value different cultures and perspectives to strengthen our experience. Always ask and attempt to meet patients’, loved ones’, and coworker preferences, values, cultural, and spiritual needs.

Ensures Accountability

- STAR: Internally focus your attention on the task at hand. Stop for 1-2 seconds, Think, Act, and Review.
- Take a ‘time-out’: Formally take a moment to touch base with colleagues before and after critical activities. The brief sets the tone for the event, the debrief reviews performance and outcomes that foster continual improvement.
- Purposeful rounding: Anticipate and address the needs of your patients, loved ones, and coworkers through direct and meaningful dialogue to ensure desired outcomes are achieved.

Collaborates

- Huddle: Come together, share information, and collaborate on what you are facing as a team.
- Crosscheck and Coach: The power of two; Take advantage of working together by verifying each other’s work in high risk tasks. Coach to provide reinforcement to colleagues for critical behaviors.
- Assume positive intent: Consciously choose to believe that patients, loved ones, and the people you work with have good intentions, that they are operating to the best of their ability.
- Manage Up: Positively position the organization, yourself, and others to reassure patients, loved ones, and colleagues they are in good hands, making them feel comfortable and safe.
HIGH RELIABILITY TOOLS AND TACTICS

AAH brings the team member behaviors to life through the use of the High Reliability tools and tactics. These tools and tactics will help provide highly reliable, quality care while avoiding serious harm, contributing the Consumer experience.

Communicates Effectively

- **Listen and explain**: Fully concentrate on others’ words, emotional tones, and non-verbal cues to best meet their needs. Provide clear information so that it can be easily understood.
- **Handover**: Communicate the right information to create a seamless transition in responsibility for a patient, or work.
- **Ask clarifying questions**: Avoid wrong assumptions from incomplete or ambiguous information by asking 1 or 2 questions to improve your understanding.
- **Read back**: Three-way communication involving a statement by the sender, read back by the receiver, and confirmed as correct by the sender.
- **Letter and number clarification**: Improve oral communication for sound alike letters, abbreviations, words, and numbers.
- **SBAR**: Format information you are sharing for clarity with Situation, Background, Assessment, and Recommendation.

Fosters Resilience

- **Breathe**: Pause and intentionally take a deep breath to calm yourself and refocus.
- **Savor what went well**: Identify and enjoy the positives, especially in difficult situations.
- **Reconnect to your purpose**: Periodically reflect on why you find joy and meaning in what you do.

Exhibits Courage

- **CUE**: You have permission to speak up and make your voice heard, especially when communicating with someone perceived to be in authority. Use Concern, Uncomfortable, Escalate.
- **Question and Verify**: Unsure of how to proceed or have a gut feeling that something isn’t right? Have a questioning attitude and check with a credible source to be sure you have it right before proceeding.
- **Event reporting**: Report safety, quality or service errors, near misses, and unsafe conditions.