

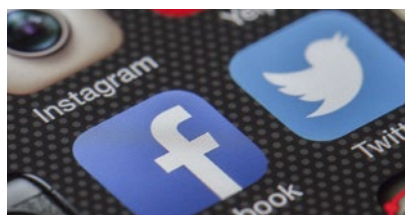
Person Centered. Outcome Focused.



# CODE of 2021 CONDUCT



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## ACKNOWLEDGMENT

As stated in our Code of Conduct, obeying the law and meeting the highest ethical standards is the foundation of everything we do. Meeting this standard and following all applicable laws and regulations does not just happen; it requires a commitment from each of us.

All employees will complete an electronic acknowledgment form that states they have read and understand our Code of Conduct and agree to abide by its guidelines. That electronic acknowledgment form states that the employee will:

- Abide by the standards of conduct contained in the Code and in company policies.
- Complete all required training courses on ethics and compliance topics including training on the Code.
- Speak up, using the resources listed in the Code, if I am in doubt as to the proper course of conduct or I become aware of possible violations of our standards or the law.

The electronic acknowledgment file will be saved in the employee's personnel file at North Central Health Care.

## A MESSAGE FROM YOUR CEO



Corporate Compliance refers to the formal system that guides our daily activities and choices to ensure we remain in compliance

with the laws and regulations that govern our operations. This document gives you an overview and connection to our Compliance Program. Every single employee at North Central Health has a duty and responsibility to ensure we do all things within the law. To fulfill this responsibility, each employee must understand our Compliance Program to ensure it is active in our organization.

Our Core Value of Integrity is at the center of our Corporate Compliance program. Integrity at North Central Health Care means that we keep our promises and act in a way where doing the right things for the right

reasons is standard. The second Core Value inherent in our Corporate Compliance Program is Continuous Improvement in that we embrace change, value feedback, creativity and the advancement of excellence. Our Compliance Program is in service to these values.

Here at North Central Health Care we have a strong Compliance system and you have a strong partner in Jennifer Peaslee, our Compliance Officer. As a Compliance Officer, you have to be passionate about preventing, finding, and fixing problems. Jennifer has this passion and as a result she can effectively lead our organization in preventing, finding, and fixing problems. We all have to audit, educate, analyze the law, conduct risk assessments, develop policies and have an effective reporting system. Further, we must build a culture where people do the right thing for the right reasons and create a belief system where people are convinced we all need to

address issues, especially ethical concerns. It is a major commitment of resources on our part to get it right. At the end of the day, what we need to have a truly successful Compliance Program, is your eyes and ears. Know our Compliance Program in and out. As you look out in the organization and listen, remain cautious of allowing rationalization to occur. Remain vigilant, and remain committed to ethical behavior. Most of all, expect it of others.

I'm committed to a vision of a culture where compliance is alive and well, I'm asking you to join me in this important work. Thank you for making this commitment to our organization and the people we serve.



**Michael Loy**  
Chief Executive Officer  
North Central Health Care

## A MESSAGE FROM YOUR BOARD CHAIRMAN



Everyone at North Central Health Care must remain committed not only to providing those we serve

with high-quality and caring services, but also to providing those services pursuant to the highest ethical, business and legal standards. These high standards apply to our interactions with everyone we interact with. This includes our residents, patients and clients, the community, other healthcare providers, companies with whom we do business, government entities to whom we report, and the public and private entities from whom reimbursement for services

is sought and received. Our community is defined broadly and there are a lot of stakeholders impacted by our choices. In this regard, all personnel must not only act in compliance with all applicable legal rules and regulations, but also strive to avoid even the appearance of impropriety. We must hold ourselves to the highest of ethical standards. I believe our Compliance Program provides the necessary framework to accomplish this worthy objective.

As part of North Central Health Care's commitment to ethical dealings, and in an effort to assist North Central Health Care's personnel in meeting their compliance obligations, North Central Health Care has established our Compliance Program. The Compliance Program is designed

to implement the Code of Conduct and prevent violations of applicable laws and regulations and, where such violations occur, to promote their early and accurate detection and prompt resolution through education, monitoring, disciplinary action and other appropriate remedial measures. As a Board, we are counting on every member of the NCHC team to help insure we are doing the right thing. We thank you for your commitment to compliance.



**Jeff Zriny**  
Chairman  
North Central Community Services  
Program Board





**Jennifer Peaslee**  
Compliance Officer  
715.848.4507  
NHCcompliance@norcen.org

## A MESSAGE FROM YOUR COMPLIANCE OFFICER

At North Central Health Care, we are committed to high-quality health care and dedicated to the health and well-being of the people we serve. We are also committed to fully complying with all federal, state, and local laws and regulations. This includes state and federal insurance regulations, employment laws, and the federal healthcare rules and regulations.

My goal as your Compliance Officer is to provide support to YOU. I'm here to help you with the situations created by today's confusing and complex health care environment. This Code of Conduct will provide guidance to you for appropriate conduct that is expected of everyone at North Central Health Care and also offer the way to get the answers within the organization with more challenging situations that you may face.

### FOUR SIMPLE THINGS TO REMEMBER:

1. Uphold our Core Values in all that you do
2. Understand and follow our Code of Conduct, policies and procedures
3. Obey applicable laws, rules and regulations
4. Report all suspected violations without fear of retaliation

Everyone at North Central Health Care is responsible for maintaining an ethical environment. Your actions in the workplace must demonstrate your commitment to integrity and accountability every day. Thankfully, you don't have to do this alone – my door is always open and I'm here to help

*Jennifer Peaslee*



**Ashley Downing**  
Privacy Officer

## A MESSAGE FROM YOUR PRIVACY OFFICER

In my time here at North Central Health Care, I have been amazed at the commitment to privacy and respect for those we serve. The high moral standards shown here promote our Core Values and Vision for Lives Enriched and Fulfilled. My role here as the Privacy Officer can be summed up by saying that I am an advocate for our patient/client/consumer/resident's rights to privacy of their health information. We have done really great work but we continue to strive to be better every day. When I am asked what all of these privacy laws and regulations mean, and why they are in place to begin with, I go back to a very simple statement, "Keep it safe." Together we can keep health information safe and secure in our daily routines.

If you are unsure what you can or cannot release, remember, "When in doubt, don't give it out." We can always answer your privacy questions by contacting Health Information at 715.848.4391.

*Ashley Downing*

# North Central Health Care's

# END STATEMENTS

North Central Health Care is committed to providing quality care that meets the current community need and is provided in a fiscally responsible manner. We measure progress and outcomes in every department and program in five domains: People, Service, Quality, Community and Financial. Goals have been set in all five domains with each having an End Statement that is the result of our efforts in that particular domain.

<b>People</b> .....	<i>"I'm proud to work at NCHC because I get to contribute to something bigger and I can make a difference. It's an honor to work here. I'm trying to get my friend or family member a job at NCHC."</i>
Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly-qualified, competent staff who take pride in their work and the organization. As an employer of choice, we will provide a career of opportunity through active learning and a commitment to continuous improvement.	
<b>Service</b> .....	<i>"I'm so grateful for the care we received. NCHC has a friendly and welcoming culture. You provide the best experience possible. I feel listened to, part of the care decisions and I trust you."</i>
We exceed our stakeholders expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.	
<b>Quality</b> .....	<i>"I feel safe in NCHC's care. I would personally seek care here for my family or myself...my first choice."</i>
We are a regionally unequalled mental health, recovery, and long-term care provider, as demonstrated by functional improvements and the positive perception that care is considered safe, effective, person-centered, reliable, and equitable.	
<b>Community</b> .....	<i>"A great community partner. NCHC enhances the community and improves people's quality of life. NCHC employees are actively involved in our community and really value being a strong community partner."</i>
Our community will be able to access our services through a highly responsive seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care prior to and following service delivery.	
<b>Financial</b> .....	<i>"We could never get a better value than what we receive from NCHC. It's affordable care."</i>
We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.	

# UNDERSTANDING YOUR RESPONSIBILITY

## Management Responsibilities

### EDUCATE

Training and educating staff on how to spot and report misconduct

Learn the policies and procedures, rules and regulations that are relevant to your specific daily responsibilities

Ensure employees know they can always report suspected violations of applicable laws, this code of conduct and/or policies and procedures without fear of retaliation

### LEAD

Not revealing the identity of staff members who wish to report misconduct anonymously

Protecting staff members from retaliation for reporting misconduct

Creating a work environment in which concerns can be raised and openly discussed without fear of retaliation

Promote honesty and integrity and model it for others

### COMMUNICATE

Responding properly to employee reports of misconduct

Immediately inform the Corporate Compliance Officer if you receive or suspect a violation of the Code of Conduct, policies and/or applicable laws

### MONITOR

Develop methods to monitor adherence to rules, regulations, and policies



## Staff Responsibilities

### LEARN

Be familiar with and understand and uphold our Code of Conduct

Learn the policies and procedures, rules, and regulations that are relevant to your specific daily responsibilities

Know how to spot and report misconduct

### BE AWARE

Report any suspected violations of our Code of Conduct, policies or the law

Cooperate in any NCHC investigations related to these

### COMMIT

Complete required trainings

Speak up if you are in doubt as to the proper course of conduct or you become aware of possible violations

Abide by the standards outlined in this code of conduct and in company policies and with the law



# REPORTING A CONCERN

To report a concern about a possible violation of the Code of Conduct, or for clarification of any law or regulation that is unclear, please begin by speaking with your Supervisor. In the event that you and your supervisor cannot resolve the issue, then proceed to your Department Director.

If discussions are not satisfactory, you have several other options such as speaking with a member of the Executive Team, submitting a written concern via the integrity boxes located around the campus or online, or by contacting the Compliance Officer directly.

**NCHC Compliance Officer: Jennifer Peaslee**

email: [NCHCcompliance@norcen.org](mailto:NCHCcompliance@norcen.org)

phone: **715.848.4507**

online: [www.norcen.org/Compliance](http://www.norcen.org/Compliance)

To make a report by telephone outside of regular business hours, please contact the Administrator On-call by phone at **715.848.4488**.

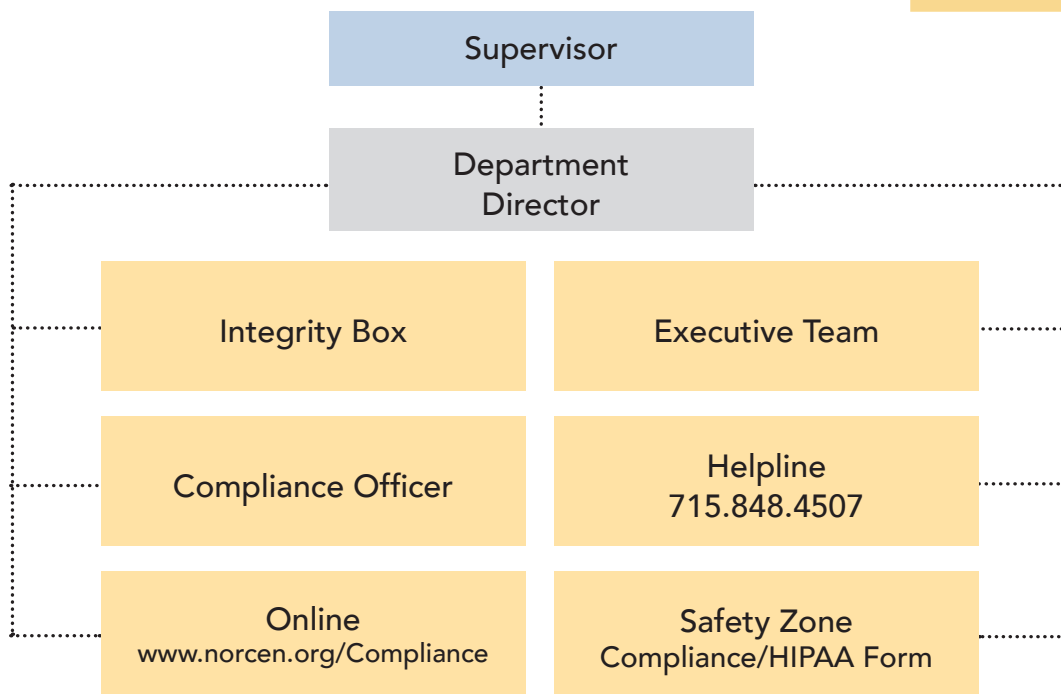


## NON-RETALIATION

NCHC is committed to ensuring that you do not face retaliation for reporting concerns about actions that may violate or be inconsistent with our Code of Conduct or the law.

Prohibited acts of retaliation include discharge, demotion, suspension, harassment, threats, or any other action that discriminates against an individual who submits a report.

If you suspect retaliation for making a report, contact the Compliance Officer immediately.



If you **SUSPECT** a violation of our Code of Conduct, you must **REPORT IT**.



# COMMITMENT TO THE PEOPLE WE SERVE

## Privacy, Ethics & Patient Rights

### Safeguarding Patient Information/Records

We are required by our own policies, as well as by state and federal laws and regulations, to protect the confidentiality, integrity, and availability of Protected Health Information (PHI) and all other confidential information. Regarding PHI, the Health Insurance Portability and Accountability Act (HIPAA) establishes rules that restrict who can access and/or receive PHI and sets limits on how PHI can be used and disclosed. We treat our patient's information with care, respecting our patient's privacy. We will only use patient information for treatment purposes, to obtain payment, and for other health care operations, including administrative purposes and evaluation of the quality of care that our patients receive.

Employees must never use or disclose confidential patient information in a manner that violates the privacy rights of our patients.

### Patient Rights and Choice

All patient care at North Central Health Care is administered in accordance with the Patient's Bill of Rights. Every patient is provided with a statement of these rights and with a Notice of Privacy Practices. We are responsible for informing patients about their proposed plan of care, including the risks, benefits and alternatives available to them. We respect their rights to make informed decisions about treatment, as well as to establish and have followed advance directives.

### How We Use Patient Information

We collect information, including a patient's medical condition, history, medication, and family illnesses in order to provide the best possible care. Although there may be emergent or other situations where it is necessary to disclose a patient's information (such as instances where the disclosure is required by law), we take care to maintain the confidentiality of our patients' information by sharing patient information only with those individuals who have a need to know for the purposes of treatment, payment or other healthcare operations.

We discuss or share protected patient information only with those who have a right or need to know, only if necessary authorizations have been received, and only in a manner consistent with legal requirements. We will avoid discussing protected patient information in public areas. We pro-actively safeguard patient information by keeping in line with the HIPAA regulations and our privacy and security policies and procedures.

Violation of this policy may result in disciplinary action up to and including termination.

For more information, please refer to our policies regarding HIPAA\*





# HIPAA PRIVACY – Basic Dos & Don'ts

The Health Insurance Portability and Accountability Act (or "HIPAA") was enacted in 1996 to protect health insurance coverage for workers and their families when they change or lose their jobs (Portability) and to protect health data integrity, confidentiality, and availability (Accountability). Storing and transmitting electronic records makes the health care system more efficient, simpler, and less costly but it also comes with the added responsibility to maintain patient privacy. Here are some guidelines on best practices in affording privacy to all whom we serve.

## Please Do

Avoid discussions about patients in elevators, cafeteria lines, waiting rooms, or public areas
Keep your voice low when in a public setting
Return medical records to their appropriate location
Close the door or curtains when discussing patient care
Shred notes with protected health information (PHI) on them
Lock your workstation when you need to leave your area for a moment or more
Turn computer screens away from the view of the public (or use privacy screens)
Keep papers on desks face down
Ask patients to step back when waiting in line where there might be PHI discussed
E-mail PHI to only secured email addresses
Properly manage your password
Log off your computer when not using it
Call the help-desk if you receive an unfamiliar or suspicious e-mail
Create a password that would be difficult for someone to guess/replicate

## Please Don't \*

Don't take medical records off premise unless instructed to do so
Don't discuss patients with anyone that doesn't need to know
Don't leave medical records unattended in non-locked areas
Don't throw notes with PHI on them in the trash or recycle bin
Don't access information of your family, friends, acquaintances, or anyone you are not caring for
Don't e-mail PHI to anyone with a unsecured e-mail address
Don't give out your password to anyone, at any time, for any reason
Don't write your password down and place it where someone could easily find it
Don't open up e-mails and click on links if they look suspicious or you don't recognize the sender contact the HelpDesk by emailing IT_HELPDESK@co.marathon.wi.us) or 715.261.6710
Don't forward work e-mails to your personal accounts (Examples: @yahoo.com, @hotmail.com, @charter.net)
Don't access personal e-mail accounts while you are at work

\*If you do see anything happening in the "don't" category, please fill out an occurrence report so it can be properly investigated.

# ETHICAL DECISION MAKING

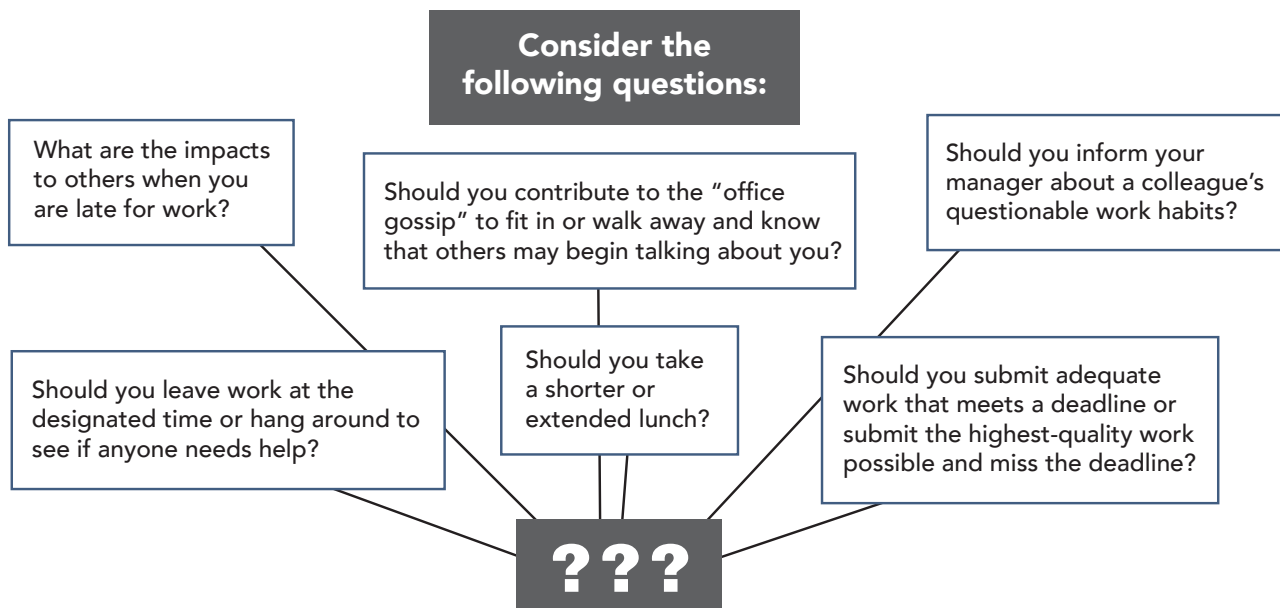
We experience multiple ethical dilemmas each day because almost every decision we make and every action we take impacts other people. Often we do not consider the ethical nature of our decisions until we become aware that our actions have negatively impacted someone.

**When facing a possible ethical dilemma, please use the following questions as a guide during any decision-making process.**



- ✓ Is it legal?
- ✓ Does it comply with our rules, regulations and guidelines?
- ✓ Is it in-line with our Mission, Vision and Core Values?

If you answered "no" to any of these questions or are unsure, stop and seek help before proceeding.



When faced with having to answer questions such as these, do you consider the ethical impacts of your decisions?

**What we decide to do matters to others and to the organization.**

# PATIENT'S RIGHT to Protective Care

Defining Abuse, Neglect, Misappropriation, Exploitation, Resident to Resident Altercation, Injury of Unknown Origin and Caregiver Misconduct

## Abuse:

- Physical – hitting, slapping, pinching, kicking, or intentionally causing harm
- Verbal – threats of harm, saying things intentionally to frighten the client
- Sexual – harassment, inappropriate touching, assault
- Mental – humiliation, harassment, intimidation with threats of punishment or depriving care or possessions

**Neglect:** Intentionally withholding care; failure to carry out a plan that could reasonably be expected to cause pain, injury or death of a client

**Misappropriation of property:** theft of money, identity, credit cards, jewelry, misuse of property, such as using a client's phone without consent

**Exploitation:** Defined as taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion

**Resident to Resident Altercation:** Incidents that occur between residents in the nursing home must also be reported

**Injury of unknown origin:** An injury should be classified as an injury of unknown origin when both of the following conditions are met:

1. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident

**AND**

2. The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

**Your Response:** If you witness any of these abuses to a client, resident or patient it is your responsibility to make sure the following protocol is carried out:

## Witness Responsibility

- ✓ Immediately protect the person
- ✓ Notify your manager
- ✓ Fill out an occurrence report in SafetyZone
- ✓ Contact Administrator on Call

## Manager Responsibility

- ✓ Immediately protect the person
- ✓ Investigate all allegations of misconduct
- ✓ Document the results of your investigation
- ✓ Report allegations/incidents to the Division of Quality Assurance (DQA) as appropriate

## Manager or Witness Responsibility

- ✓ For any situation that could include a potential criminal offense, contact law enforcement
- ✓ Adult Protective Services aids elder adults and adults-at-risk who have been or are currently being abused, neglected or exploited. APS: 715.841.5160.



## You can learn of an incident from:

- Receiving a verbal or written statement from a patient/client/resident
- Receiving a verbal or written statement of someone in a position to have knowledge of the incident
- Discovering an incident after it occurred
- Hearing about an incident from others
- Observing injuries to a patient/client/resident (physical, emotional or mental)
- Observing misappropriation of a patient/client/resident's property
- Otherwise becoming aware of an incident

We must *hold* ourselves to the **HIGHEST** of ethical **STANDARDS**.

# PATIENT'S RIGHT TO FILE A GRIEVANCE

Many patient complaints can be addressed quickly. When complaints cannot be resolved quickly and easily, patients have the right to file a grievance. A grievance is a formal complaint. Patients have the right to complain about the quality of their healthcare. Common causes for complaints include:

- Waiting time

- Conduct of staff

- Operating hours

- Adequacy of staff

## Non-Retaliation

A patient/client/resident, surrogate decision maker, or any person acting on their behalf (including a NCHC staff member) may initiate or file a complaint or grievance without discrimination and/or the fear of reprisal.



## Handling a Grievance

➤ During the admission process staff will inform patients/clients/residents, verbally and in writing of their rights which includes their right to make complaints and grievances and the process to do so.

➤ All staff shall encourage patients/clients/residents to express any complaints or concerns to the individual involved or present. These may be resolved by the individual involved or by an appropriate nearby staff member or service manager/supervisor.

➤ If the patient/client/resident presents the complaint to persons other than direct care staff and has not tried to resolve the issue with the involved unit or department involved, the contacted staff should immediately call the unit or department involved so that the concern/complaint may be addressed.

➤ If the staff present is able to resolve the patient complaint at the time, it is not a grievance.

➤ A complaint is considered resolved when the complainant is satisfied with the actions taken or the explanation given.

➤ Resolution of the complaint will be documented in the patient/client/resident electronic health record.

Please refer to the policy "Complaints and Grievances" for more details. \*

**\*You can access the NCHC policy database through Ultipro**



## Commitment to Our Colleagues

# GIFTS, CONFLICTS OF INTEREST, HEALTH & SAFETY

It is the expectation that employees, board members, medical staff and agents remain free of conflicts of interest in the performance of their responsibilities and services at North Central Health Care. Further, we are committed to a diverse workforce and a safe work environment.

- **Gifts and Gratuities** We do not solicit, accept or give gifts, payments, fees, services, valued privileges or other favors where these would, or might appear to, improperly influence the performance of our official duties.
- **Conflict of Interest** We do not tolerate any business or financial opportunity which might conflict, or appear to conflict, with the interests of North Central Health Care or those we serve. A conflict exists whenever a trustee, officer, physician or employee (or a related party such as a business or family member) may receive a financial benefit from any decision or action that he/she takes.
- **Health and Safety** We will comply with state and federal laws as it pertains to maintaining a safe working and service environment. We immediately report any unsafe acts or circumstances which may create an unsafe condition.

## Commitment to Government Regulators

# BILLING, FRAUD, ANTI-KICKBACK, STARK LAWS

We are committed to satisfying the payment conditions required by payors with which North Central Health Care transacts business, including Federal Health Care Programs. Further, we are committed to monitor and structure North Central Health Care's relationships with physicians and other healthcare providers to be consistent with relevant federal and state laws and regulations.

- **Coding & Billing** We bill only for those services that are actually provided, medically necessary, appropriately authorized and properly documented, using billing codes that most accurately describe the services and care provided. Up-coding or improperly bundling charges to increase reimbursement is strictly prohibited.
- **Zero Tolerance for Fraud, Abuse & Waste** We will not tolerate the submission of any claim for payment or reimbursement that is false, fraudulent, fictitious, or is grossly misleading or inaccurate.
- **Anti-Kickback** We prohibit asking for or receiving anything of value to induce or reward referrals of Federal Healthcare program business (Medicare and Medicaid) to include bribes, rebates, cash, in-kind donations-referred to as "kickbacks."
- **Stark Laws (Physician Self-Referral)** The purpose is to prohibit improper referral relationships that can harm Federal Health Care Programs (Medicaid and Medicare) and program beneficiaries. It limits physician referrals where there is a financial relationship (either their own or an immediate family member) with the business entity. For example: referring a patient to a medical equipment company that they own.

**Fraud:** The intentional deception or misrepresentation to obtain the money or property of a federally funded healthcare benefit program (Medicaid or Medicare). Knowing means actual knowledge, deliberate ignorance or reckless disregard of the truth or falsity of information

**Abuse:** Obtaining payment for items or services when there is no legal entitlement to that payment, but without knowing and/or intentional misrepresentation of facts to obtain payment

**Waste:** The over utilization of services or careless and needless expenditures for healthcare services that result in unnecessary costs to a healthcare benefit program (Medicaid, Medicare)

# FREQUENTLY ASKED QUESTIONS

While we cannot list every possible violation, we can highlight those that occur most frequently. Here are just some examples of situations that would violate our Code of Conduct.

## **Q: A client or a family member of a client I work with offers me a gift?**

**A:** Frequently, relatives of patients wish to provide gifts to departments as a way of saying thank you for the care given. Gifts of candy, cookies and fruit in small quantities may be accepted on behalf of all department personnel and shared among staff. While we do not wish to encourage this practice we do not want to deny someone the opportunity to say thank you. Gifts of this sort may be misinterpreted as a method of gaining favored treatment by the relatives of other patients.

NCHC requires employees and agents not to accept gifts or benefits that could create conflict between their personal interests and NCHC legitimate business interests. Examples of gifts received in connection with his/her job include: all monetary and non-monetary gifts including meals and entertainment. If relatives of patients, service clubs or other persons or organizations indicate a desire to make a donation to NCHC, they should be referred to Administration.

## **Q: My client sent me a friend request on Facebook?**

**A:** Avoid blurring the lines between your professional and personal life by steering clear of relationships with clients on social media. Per NCHC Policy, employees of NCHC are “prohibited from seeking out a patient/client/resident on social media and discouraged from accepting friend requests.”



Steer **CLEAR** of relationships with clients on **SOCIAL MEDIA**.



## **Q: Can I take a photograph of a resident I work with?**

**A:** Staff is prohibited from taking or using photographs or recordings. This would include using any type of equipment (e.g. cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and recordings on social media. Snapping pictures could be considered caregiver misconduct.

## **Q: What if I report a potential violation involving my supervisor? Can I get in trouble?**

**A:** No. Each employee is responsible for reporting any potential or actual violation of our policies, Code of Conduct or laws and/or regulations. You will not get in trouble, if in good faith, you make a report. In addition, we will not tolerate any retaliation against you for your report.

## **Q: I learned that my co-worker who is a nurse is performing patient care with a suspended license. What should I do?**

**A:** You should immediately report this occurrence either to your supervisor, Administrator On-Call, Human Resources, or to the Corporate Compliance Officer. Employees must have a valid and current license and any applicable certification that is required for their job at NCHC. Employees, physicians, and other caregivers are responsible for maintaining a current and valid license.

## Q: What is Protected Health Information (PHI)?

**A:** PHI is any health information that can be used to identify a patient and that relates to the patient's health care services provided to the patient or the payment of these services. PHI includes all medical records and other information that identifies the patient, including demographic, medical, and financial information in any form (electronic, paper or verbal).

**Q:** My cousin has been admitted into our inpatient hospital. I am genuinely concerned about her well-being and am not sure she is being honest with me about how she is doing. I have access to medical records, is it okay to take a look at my cousin's chart?

**A:** No. All employees, physicians and others who have been granted access to medical records, may only access this confidential information for authorized purposes, including treatment, payment, and/or health care operations.

**Q:** I know someone who has violated our Code of Conduct, should I report this? And what will happen to the employee?

**A:** Yes, you should report any violation of the Code. Employees are responsible and are held accountable for reporting suspected or known violations of our Code of Conduct, policies and procedures, laws and regulations. Any employee found to be in violation of our Code of Conduct, policies and procedures, or laws and regulations, may be subject to discipline or corrective action, up to and including termination of their employment with North Central Health Care.



To make a report by phone dial **715.848.4507** or visit **[www.norcen.org/Compliance](http://www.norcen.org/Compliance)**



**Q:** Government agencies are diligently monitoring for Medicare and Medicaid fraud, waste and abuse. What does the government consider to be fraud and abuse in healthcare?

**A:** Examples of occurrences of fraud, waste and abuse in the healthcare industry that government agencies are investigating include the following:

- Billing for items and services not medically necessary
- Billing for items or services not actually provided
- Duplicate billing
- Upcoding for higher reimbursement than what actually are entitled to receive
- Falsifying information or documentation to maximize reimbursement
- Knowingly failing to report and return overpayment made by Federal Healthcare Programs (Medicare and Medicaid)
- Employing person excluded from participation in Federal Healthcare Programs (Medicare/Medicaid)

**Q:** I work in the medical records department and I have reason to believe that a provider has inaccurate information related to the level of service provided to a patient. What should I do?

**A:** First, you should discuss the issue with the physician and ask for additional information. If you are not satisfied with the answer or believe that inaccurate information is still being provided, then the situation should be immediately discussed with either your Supervisor, Administration, Human Resources, or the Corporate Compliance Officer. You should never accuse the provider of wrongdoing. A review will be undertaken and if wrongdoing is proven, it will be handled through the appropriate process.

## OUR MISSION

Langlade, Lincoln and Marathon Counties  
partnering together to provide compassionate  
and high-quality care for individuals and  
families with mental health, recovery and  
long-term care needs.

## OUR VISION

Lives Enriched and Fulfilled.



# North Central Health Care

Person centered. Outcome focused.



[www.norcen.org](http://www.norcen.org)