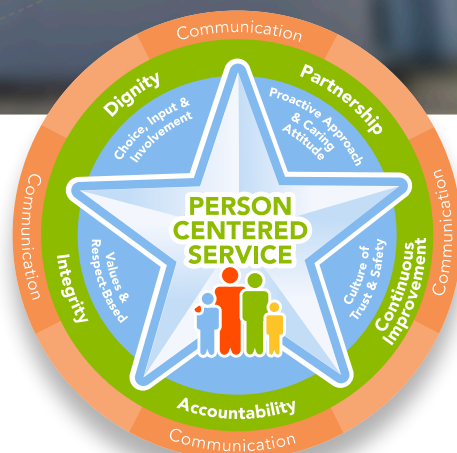


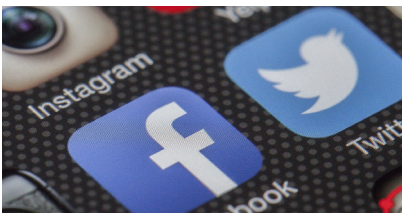
Person Centered. Outcome Focused.

North Central  
Health Care



# CODE of 2022 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 COMPLIANCE OFFICER



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

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*



# NORTH CENTRAL HEALTH CARE'S CODE OF CONDUCT

North Central Health Care's Code of Conduct guides appropriate conduct and behaviors expected of all North Central Health Care Staff. By following our code and acting with Integrity, you play an important role in supporting our mission, vision, and values. It outlines our commitments and defines our responsibilities for all that we do. We need a Code of Conduct as it reinforces our Core Values which guide our strategies, policies, practices, and behaviors. It is part of our Compliance Program and is to help us make sure that we are complying with the laws and regulations that govern our organization.

## WHO FOLLOWS THE CODE OF CONDUCT?

Whatever your role is at North Central Health Care, this code applies to you. Our organization's Board of Directors is responsible for adopting and approving our Code. Our Compliance Officer is accountable for promoting, monitoring, and enforcing it.

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## NCHC CORE VALUES

**DIGNITY** We are dedicated to providing excellent service with acceptance and respect to every individual, every day.

**INTEGRITY** We keep our promises and act in a way where doing the right things for the right reasons is standard.

**ACCOUNTABILITY** We commit to positive outcomes and each other's success.

**PARTNERSHIP** We are successful by building positive relationships in working towards a system of seamless care as a trusted community and county partner.

**CONTINUOUS IMPROVEMENT** We embrace change through purpose-driven data, creativity and feedback in pursuit of the advancement of excellence.

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## 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 skilled nursing needs.

## OUR VISION

**LIVES ENRICHED AND FULFILLED.**

# 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

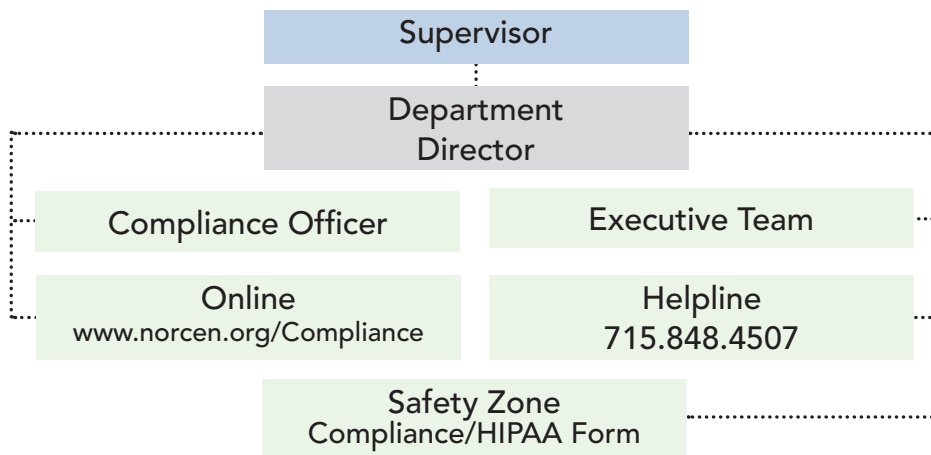
Complete required trainings

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

# SEEKING GUIDANCE & VOICING CONCERNS

It is your responsibility to ask questions and raise concerns when compliance issues arise. This Code of Conduct cannot describe every possible situation that you might encounter in your daily work. If you cannot find an answer in our Code, or if you have questions on how to interpret our Code, seek guidance. Likewise, if you are aware of something that may be a violation of our Code, our policies, or the law, you must speak up and report it so it can be addressed. You have several channels to seek guidance or make a report:



**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.



## WHAT HAPPENS WHEN I REPORT A CONCERN?

A prompt investigation by the appropriate individuals into the concern reported will occur. **Investigators will:**

- Act objectively in determining facts through interviews or review of documents
- Contact employees who may have knowledge or were involved in the incident
- Recommend corrective action and/or disciplinary measures where appropriate.
- If asked, you must cooperate fully with any inquiry or investigation.

**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.

# ETHICAL DECISION MAKING

Facing ethical dilemmas can become fairly common in the workplace, especially when the actions we take impact other people. Often we do not consider the ethical nature of our decisions until we become aware that our actions have negatively impacted someone. Consider the following chart when confronted with an ethical dilemma.



## ETHICAL CONSULT SERVICES

To help maintain the highest ethical standards in delivery of care and treatment at North Central Health Care, Ethical Consult Services are now available. Please reach out to your manager for more information on how to request an ethical consultation or refer to the policy.

**BE EMPOWERED:** NCHC supports employees doing the right things and conducting themselves with integrity and delivering services that are of high quality

**TAKE RESPONSIBILITY:** Your choices play a critical role in contributing to a positive work environment and protecting those we serve, our reputation, and each other

**YOU HAVE HELP:** If you are unsure what to do in a situation, you have resources available to you including Human Resources, your direct manager, Administrator On Call, and Connecting with Compliance

**SPEAK UP:** When you believe something isn't right, you can speak up and share your concerns, ask questions knowing that NCHC wants to hear them and does not tolerate retaliation for good faith and reports

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

**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.



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

# 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, property misuse, 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 (DOA) 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

# 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" in UKG for details.**

### 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.



## 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.

- **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. NCHC staff are expected to cooperate and follow all safety rules and practices, take necessary steps to protect themselves and others, attend required safety training and report immediately all accidents, injuries and unsafe practices and conditions. You should be familiar with and follow any work safety information and training provided to you and always speak up and raise a concern when:
  - A job you think you are not properly trained to perform and that may harm you or others is assigned to you
  - A piece of equipment is not operating properly and may be unsafe
  - An unsafe condition or a potential danger to yourself, others or the environment comes to your attention
- **Harassment/Discrimination** NCHC prohibits harassment or discrimination of any kind in the workplace or any other offensive or disrespectful conduct. NCHC also complies with all laws prohibiting harassment. You must never engage in workplace harassment, which includes unwelcome verbal, visual, physical, or other conduct of any kind that causes others to feel uncomfortable or creates an intimidating, offensive or hostile work environment. Discrimination sometimes takes the form of harassment and bullying. These can include threats, jokes, gestures, aggressive physical behavior, as well as repeated behavior a person has previously objected to and under no circumstances will be tolerated.



- **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.
- **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.

**Q:** “One of my coworkers emailed an inappropriate joke to me and some teammates. I find it offensive, but I don’t know if I should approach my co-worker with my concern. What should I do?”

**A:** We each have an obligation to ensure that NCHC is a great place to work for all and offensive behavior such as this is unacceptable. If you feel uncomfortable speaking directly with your co-worker, contact your manager, human resources, or Compliance.

## 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.

### **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/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)

**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)

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