


Corporate Compliance

You can access Corporate Compliance information and handbook using our intranet once you start.



Marshfield Clinic Health System

System News/CEO Communication

Journey to Success/Strategic Plan

Marshfield Promise

MCHS/Essentia Information

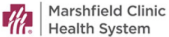
One System (EHR) Communication

Document Control System (Policy Library)

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Corporate Compliance

CORPORATE COMPLIANCE

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Corporate Compliance

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In 1998, the Marshfield Clinic Health System (MCHS) Board of Directors agreed to undertake certain obligations designed to promote compliance with federal health care programs and approved the Corporate Compliance Program. In October 2011, to solidify its commitment to the principles of compliance, MCHS adopted an [Integrity and Compliance Charter](#). Specifically, the Charter outlines MCHS's commitments to billing and reimbursement, clinical quality, and compliance with Anti-kickback and Stark laws and requires employees to:

- [Follow the Code of Business Ethics and Conduct](#) and the [Compliance Handbook](#) as a condition of employment;
- Participate in compliance training;
- Become familiar with our [Privacy and Security Policies](#); and,
- Contact the [Compliance Hotline](#) to report and resolve issues of concern.

Each year, our employees, fellow staff, and governing board members assure that we will act within a framework of honesty, integrity, and within the law. Keeping the trust of our patients, physicians, and colleagues is critical to the success of our business and to sustaining our culture of ethics and compliance into the future. Training is an integral component of building trust. You can access the Computer Based Training (CBT) from any computer with Internet access.

Your involvement in MCHS's Compliance Program is essential to our success. We want to personally thank each of you for your commitment to honoring compliance as a priority. We encourage you to take a few moments today to leverage the compliance resources and contact us with any questions. The Corporate Compliance Department may be contacted by calling (715) 221-6044 or ext. 1-6044.



WHAT'S NEW IN COMPLIANCE

- [Privacy Matters...Protect Your Screen From Being Seen!](#)
- [Privacy Matters...Minimum Necessary Standard](#)
- [Privacy Matters...Provider Schedules - For Business Use Only!](#)
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PRIVACY MATTERS

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Corporate Compliance Handbook

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Chapter 2 – Code of Business Ethics and Conduct

Introduction

The essential component of the Code of Business Ethics and Conduct is to commit to honest and ethical behavior while conducting business. The practice of behaving honestly, ethically, and with integrity is an individual responsibility. All employees of Marshfield Health System (MCHS) are accountable for their actions and the decisions they make.

The Code of Conduct serves as the essential element of the Corporate Compliance Program, emphasizing the common culture of integrity and our responsibility to operate with the highest principles and ethical business standards as we strive to treat our patients, research subjects, and co-workers with respect, honesty, compassion, teamwork, and excellence.

Basic principles

Follow all federal, state, and local laws, regulations, rules, and regulatory orders applicable to MCHS and its business as well as all applicable institutional policies and procedures. Both physicians and employees are required to acquire the appropriate knowledge of the requirements relating to their positions, enabling them to recognize potential dangers and to know when to seek advice concerning aspects of the Compliance Program. Adherence to the standards outlined in the Compliance Program is a condition of employment. Violations of applicable laws, regulations, rules, orders, policies, and procedures may subject individuals to criminal or civil liability as well as disciplinary action. Additionally, such individual violations may also subject MCHS to civil or criminal liability and/or the loss of business.

Serve patients through accessible, high quality health care, research, and education. MCHS is dedicated to creating value for our patients and customers who have shown confidence in us by seeking our services.

Maintain accurate financial records for MCHS that reflect services actually provided and which can be lawfully compensated.

Recognition that all employees, as individuals, represent MCHS to patients and customers.

High standards of ethical conduct must be observed in all relationships with our competitors. MCHS will comply with all applicable antitrust laws and requirements relating to fair competition.

Our patients, hospitals, clinics, other health care providers, business partners, customers, and suppliers with whom we do business make significant contributions to our success. To create an environment in which they continue to do so, they must be confident that they will be treated fairly and lawfully.

Compliance with the law

We operate in a marketplace that is increasingly competitive and subject to close scrutiny and regulation. We are regulated by the Centers for Medicare and Medicaid Services (“CMS”), the Department of Justice, the Federal Trade Commission, and many other federal, state, and local agencies. It is our policy to comply with the laws of the United States and State of Wisconsin, as well as the laws of other States and Municipalities, in which we conduct our business. In some instances, the laws and regulations may be difficult to interpret or ambiguous. In these instances, you should seek legal advice from Legal Services, including the Corporate Compliance Officer, especially when there is uncertainty about legal requirements applicable to a proposed activity.

Physicians and employees must be vigilant and recognize situations or activities that could represent potential or real violations of the law. It is impossible to identify and discuss every law and regulation within this document; however the laws that directly affect the business of MCHS or whose violation would represent serious consequences to our sustainability are discussed below.

Confidentiality

Physicians and employees are charged with treating all Protected Health Information (PHI) and confidential business information with strict confidence.

Protected Health Information (PHI) includes information about patients or research subjects and patient or research records. Physicians and employees may only use Protected Health Information (PHI) to perform normal job duties. The expectation is to take the appropriate precautions to keep Protected Health Information (PHI) secure.

Confidential business information includes business or strategic plans, marketing and promotions, financial information or results, business intelligence, proprietary information, research or technical information, production processes, or any other business information. Physicians and employees may use confidential business information only as needed to perform job duties. Confidential business information may not be disclosed to any person except as required in the normal performance of job duties. It is essential that appropriate precautions are taken to keep confidential business information secure.

Communications with governmental agencies and regulators

It is the policy of MCHS to cooperate promptly and fully with appropriate government or regulatory inquiries and investigations about possible civil or criminal violations of the law. Two goals are of the utmost importance:

- Investigators must obtain accurate information.
- MCHS must protect its own and its employees' legal rights.

If, in the regular course of employment, physicians or employees have contact with any governmental agency, only thoughtful, honest, and accurate statements should be made to the agency or its representatives. Do not make overstatements or comment on subject matter that is not an area of expertise. It is a violation of this Code of Conduct to make any false or misleading statement to any regulatory agency, either in conversation or in written documents.

Contact from a governmental agency which does not occur in the normal course of job duties must be reported immediately to the Corporate Compliance Officer and/or Legal Services, regardless of the subject matter of the inquiry. This would include an inquiry concerning MCHS or an inquiry about a company or organization with whom we do business. Additionally, receipt of a subpoena or service of a legal process should be reported immediately to the Corporate Compliance Officer and/or Legal Services.

Reporting violations

It is the responsibility of all physicians and employees to immediately report any violation of the law, this Code of Conduct, or any MCHS policy. It is essential that reports are not delayed for “hard” evidence, as prompt recognition of a potential problem can result in avoidance of a more serious situation.

MCHS has an open communication policy. All physicians and employees are encouraged to discuss any potential violations or compliance issues with immediate supervisors, managers, or the appropriate department chair. If the alleged violation may involve a supervisor or if the physician or employee is uncomfortable talking with the supervisor, a report should be made directly to the Human Resources Department, Corporate Compliance Officer, Privacy Officer, Research Compliance Officer, Lab Compliance Officer, any member of Administration, or the Audit and Compliance Committee.

To report potential violations of the law, this Code of Conduct or any MCHS policy, a confidential telephone line is available: **1-877-373-0122**.

All calls are handled confidentially and anonymously, if requested, by the Compliance Office.

Other methods of reporting misconduct include reporting via the RL Incident Reporting tool, anonymous e-mail, or first class mail.

Failing to report or condoning a violation of the law or this Code of Conduct may lead to disciplinary action, up to and including termination.

Confidentiality and protection against reprisal

All reasonable precautions to maintain the confidentiality of anyone who reports violations of the law or the Code of Conduct will be taken, even if it is discovered that no violation has occurred. Confidentiality includes both the confidentiality of the individual making a report as well as the individual about whom the report is made. Any individual involved in an investigation or who have reported a violation must honor this commitment to confidentiality.

No physician or employee may punish or seek reprisal against another physician or employee who has conscientiously made a report in good faith. Abuse of this reporting system to make unfounded accusations against other employees or physicians to harass or exact revenge for personal disputes will not be condoned. All false reports will be investigated if there is a valid reason.

Review of suspected violations

All reported violations of the law or of the Code of Conduct will be investigated promptly and discreetly. Individuals making a report will be informed of the result of the investigation (unless the reporter wishes to remain anonymous). These individuals will be asked to cooperate fully with the investigation.

Employee discipline for violations

Any physician or employee that has violated the law, regulations, rules, policies, or the Code of Conduct may be subject to discipline, up to and including termination. Any supervisors, managers, or department chairs who condone, permit, or fail to take appropriate action against illegal, unethical, or otherwise improper conduct will also be disciplined. Discipline will be fair, consistent, and reasonable in relation to the facts of each case. All proceedings will be carefully documented and supported and a record will be retained in the personnel file. If appropriate, matters will be referred to law enforcement authorities for possible investigation and prosecution. Restitution may also be sought for losses resulting in violations.

Introduction

Marshfield Clinic Health System (MCHS) is committed to protecting the privacy of their patients and members. MCHS has had confidentiality policies and confidentiality protection measures in place for many years. On August 14, 2002, the U.S. Department of Health and Human Services (“HHS”) published Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) to implement the Health Insurance Portability and Accountability Act of 1996. Compliance with the Privacy Rule was mandatory by April 14, 2003. This means that in addition to any other federal or state confidentiality laws, MCHS must also comply with the Privacy Rule to protect patient information

Policy

It is the policy of MCHS to comply with the Privacy Rule. It is also the policy of MCHS to comply fully and at all times with all state and federal laws governing patient privacy, to the extent those laws are not preempted (superceded) by the Privacy Rule. The Privacy Rule prohibits uses and disclosures of protected health information that are not permitted or required by the Privacy Rule. MCHS, respectively, have adopted a detailed and specific set of policies and procedures with which all physicians and staff who use, disclose or access protected health information must comply. Failure to follow these privacy policies and procedures may lead to civil and criminal liability and also result in disciplinary action, up to and including termination.

False Claims Liability, Anti-Retaliation Protections, and Detecting and Responding to Fraud, Waste, and Abuse

It is the policy of MCHS to provide health care services in a manner that complies with applicable federal and state laws and that meets the high standards of business and professional ethics. To further this policy, and to comply with **Section 6032 of the Deficit Reduction Act of 2005**, MCHS provides the following information about its policies and procedures and the role of certain federal and state laws in preventing and detecting fraud, waste, and abuse in federal health care programs.

I. Summary of Federal and State Laws

a. False Claims Act; 31 U.S.C. §§ 3729 - 3733

- € The Federal False Claims Act imposes liability on any person or entity who:
- Knowingly files a false or fraudulent claim for payments to Medicare, Medicaid or other federally funded health care program;
 - Knowingly uses a false record or statement to obtain payment on a false or fraudulent claim from Medicare, Medicaid, or other federally funded health care program; or,
 - Conspires to defraud Medicare, Medicaid, or other federally funded health care program by attempting to have a false or fraudulent claim paid.

A person or entity found liable under the False Claims Act is, generally, subject to civil money penalties plus three times the amount of damages that the government sustained because of the illegal act.

Anyone may bring a qui tam action under the False Claims Act in the name of the United States. The case is initiated by filing the complaint and all available material evidence under seal with a federal court. The complaint remains under seal for at least 60 days and will not be served on the defendant. During this time, the government investigates the complaint. The government may, and often does, obtain additional investigation time by showing good cause. After expiration of the review and investigation period, the government may elect to pursue the case in its own name or decide not to pursue the case. If the government decides not to pursue the case, the person who filed the action often has the right to continue with the case on his or her own.

If the government proceeds with the case, the person who filed the action may receive between 15% and 25% of any recovery, depending upon the contribution of that person to the prosecution of the case and other factors. If the government does not proceed with the case, the person who filed the action may be entitled to between 25% and 30% of any recovery, plus reasonable expenses and attorneys' fees and costs.

b. State False Claims Laws/Medicaid Fraud Statute, s. 49.49 (1), Wis. Stats.

€ The state Medicaid fraud statute prohibits any person from:

- Knowingly and willfully making or causing to be made a false statement or misrepresentation of a material fact in a claim for Medicaid benefits or payments.
- Knowingly and willfully making or causing to be made a false statement or misrepresentation of a material fact for use in determining rights to Medicaid benefits or payments.
- Having knowledge of an act affecting the initial or continued right to Medicaid benefits or payments or the initial, or continued right to Medicaid benefits or payments of any other individual on whose behalf someone has applied for or is receiving the benefits or payments, concealing or failing to disclose such event with an intent to fraudulently secure Medicaid benefits or payments whether in a greater amount or quantity than is due or when no benefit or payment is authorized.

- Making a claim for Medicaid benefits or payments for the use or benefit of another, and after receiving the benefit or payment, knowingly and willfully converting it or any part of it to a use other than for the use and benefit of the intended person.
- Anyone found guilty of the above may be imprisoned for up to six years, and fined, plus civil damages up to three times the amount of excess payments.

II. MCHS's Policies and Procedures for Detecting Fraud

- a. MCHS is committed to conducting business activities in an ethical and forthright manner and within the letter and spirit of all applicable laws and regulations. On November 9, 1998, Marshfield Clinic Health System's Board of Directors approved its Corporate Compliance Program. The Corporate Compliance Program encompasses a Code of Business Ethics and Conduct ("the Code") and certain policies and procedures related to MCHS's business(es). Collectively, the Code, the Handbook and the Corporate Compliance Policies and Procedures are designed to promote ethical behavior and compliance with all applicable laws and regulations. MCHS maintains a Corporate Compliance Intranet site which includes compliance policies and procedures, the Corporate Compliance Handbook and other materials, references and education on compliance matters. The Reimbursement Center maintains a Reimbursement Intranet site which includes education on payer reimbursement issues. It is MCHS policy that all physicians and staff must document and bill appropriately for the services they provide.

III. Anti-Retaliation Protections

a. MCHS Protections

- € MCHS requires that all physicians, staff, and employees who in good faith believe someone may be violating the law, the Code, or any of the Compliance Policies or Procedures must report it immediately to MCHS's External Hotline, E-Hotline, Corporate Compliance Officer, or to another MCHS official (e.g., the President, Executive Director, Chief Medical Officer, or the individual's Department Chair or Manager).
- € The Compliance Intranet site includes information on Reporting Misconduct. Reasonable precautions will be taken to maintain the confidentiality of anyone who reports violations even if it turns out that no violation has occurred. No one may punish or seek reprisal against another individual who has conscientiously made a report in good faith. Good faith simply means that the individual honestly had a reasonable belief that there may have been a compliance violation or the individual was not sure but was honestly questioning whether a compliance violation did or would occur. The Intranet Compliance site has information on Confidentiality and Protection Against Reprisal in the Code of Business Ethics and Conduct.

b. Federal Law Protections

- € The False Claims Act includes protections for people who file qui tam lawsuits as described above. The False Claims Act states that any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful actions taken in furtherance of a qui tam action is entitled to recover damages. He or she is entitled to "all relief necessary to make the employee whole," including reinstatement with the same seniority status, twice the amount of back pay (plus interest), and compensation for any other damages the employee suffered as a result of the discrimination. The employee also can be awarded litigation costs and reasonable attorneys' fees.

c. State Law Protections

- € Under Wisconsin statute 146.997, Health Care Worker Protection, Wisconsin law also protects health care workers who disclose any of the following to an appropriate individual or agency:
 - Information that a health care facility or provider has violated any state law or rule or federal law or regulation.
 - A situation in which the quality of care provided by, or by an employee of, the health care facility or provider violates established standards and poses a potential risk to public health or safety.Specifically, a health care facility or provider cannot take disciplinary action against an individual who reports the above in good faith. A health care facility or provider who violates this statute shall be subject to a fine for a first violation.

IV. General Compliance and Fraud, Waste, and Abuse Education

- a. All employees and providers are required to complete computer-based training (CBT) on general compliance and fraud, waste, and abuse upon hire and annually thereafter. All new hires also attend a one hour orientation session which covers compliance and ethics.
- b. This policy is posted on MCHS patient portal.