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If you need audio assistance with this training document have your manager call Organizational Development & Learning at 727-519-1300.

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Lesson: BayCare Health System Corporate Responsibility Program

Introduction

Lesson Objectives

Consistent with our Mission and Values, all who represent BayCare Health System are expected to adhere to high standards of competent and ethical behavior and obey the law.

- After you complete this lesson, you should be able to:
- Recognize the Corporate Responsibility officers and their respective locations
- Identify the topics included in the Code of Conduct: “Doing the Right Thing” training and
- Demonstrate how to locate the Code of Conduct: “Doing the Right Thing” materials on the BayCare Intranet

BayCare Health System Corporate Responsibility Program

Corporate Responsibility Program Goals

BayCare has developed a Corporate Responsibility Program for team members to express concerns and seek guidance when compliance questions or concerns arise.

The goals of the Corporate Responsibility Program are to:

- Allow team members to express and address compliance concerns without fear of retaliation
- Comply with state and federal laws and regulations
- Provide direction on personal and corporate conduct and to
- Promote ethical behavior and integrity - "Doing the Right Thing"
Corporate Responsibility Program Structure

The BayCare Corporate Responsibility Program has a well-defined structure that starts with the Senior Executive Team.

Each facility and special functional area is responsible for handling its specific compliance concerns. The BayCare Corporate Responsibility Council oversees these committees and programs. The Council also handles BayCare-wide compliance concerns, which are reported up through the Audit Sub-Committee and Board.

Your Corporate Responsibility Officers

Each facility has a Corporate Responsibility officer who leads the compliance activities for the facility. You may contact your officer or the BayCare chief compliance and privacy officer should you have compliance questions or concerns.
Take a moment to review the chart of your Corporate Responsibility Officers on this page.

**Code of Conduct – “Doing the Right Thing”**

**BayCare Code of Conduct Booklet**

All team members are expected to understand and comply with the standards in the BayCare Code of Conduct materials entitled, "Doing the Right Thing: Ethics and Organizational Responsibilities."

The Code of Conduct covers topics including:

- Conflicts of Interest
- Physician Agreements
- Copyrights and Licenses
- Patient Referrals
- Retaining and Releasing Documents Appropriately
- Safeguarding the Privacy of Patients
- Fraud, Waste and Abuse
- Billing Accuracy and
- Responding to Government Inquiries
All Team Members Receive Code of Conduct Booklet

During New Hire Orientation, each team member should receive a copy of the Code of Conduct booklet. Team members are required to read and understand the Code of Conduct booklet, and sign and return the acknowledgment form received during New Hire Orientation. If you did not receive a copy of the booklet, please contact Team Resources.

A copy of the Code of Conduct Doing the Right Thing booklet can also be obtained from the Corporate Responsibility department or accessed on the BayCare Intranet.
“Doing the Right Thing”

We all share the RESPONSIBILITY of maintaining an atmosphere of DIGNITY, TRUST, RESPECT, and EXCELLENCE by: “Doing the Right Thing.”
Lesson: Corporate Responsibility Standards

Introduction

Lesson Objectives

It is the responsibility of all team members to recognize and uphold the Corporate Responsibility standards in order to maintain compliance with government regulations.

After you complete this lesson, you should be able to:
• Recognize the different Corporate Responsibility standards
• Identify appropriate team member behaviors to maintain Corporate Responsibility standards

Patient Referrals

Patient Referrals
A patient referral is when a patient is sent to one of BayCare’s facilities, or BayCare sends a patient to another provider.

BayCare does not offer payments of any kind in exchange for patient referrals.

The following are examples of non-compliant actions:
• Agreeing to only admit patients to a BayCare facility
• Offering patients who are admitted to a BayCare hospital a $100 gift certificate
• Paying a physician a bonus based on referrals received

Billing

Billing Accurately
BayCare's policy is to bill all payers in compliance with all regulations.

What is your role to ensure compliance?
• Properly document all services provided (if it wasn’t documented, it wasn’t done).
• Report any known problem (system or process) that may be causing a billing error.
• If a billing error occurs, implement corrective procedures to ensure billing errors are not repeated.
• Calculate and return any identified overpayments within 60 days
• Keep up-to-date on current billing and coding practices

For example, you identify that two conflicting billing codes are being billed together. Using two codes is not BayCare’s process and is not permitted by Medicare. Therefore, you must correct and report this problem.

Copyrights and Licenses

Comply with Copyrights and License Laws

Team members are expected to comply with all copyright and license laws.

Examples of possible copyright violations include:
• Making copies of magazines, articles, books or newsletters or
• Copying computer software
Vendor Relationships

Vendor Selection

A vendor relationship is when an outside company provides services or products to BayCare.

Examples of vendor relationships include:

• Purchasing office supplies from Staples
• Contracting with biomedical equipment vendors to maintain or repair equipment
• Ordering computer software from an outside company and
• Using consultants

Use the following guidelines for vendor selection:

• Select vendors based on objective criteria such as customer service, product quality and price
• Solicit bids from enough vendors to obtain competitive pricing
• Do NOT disclose prices or terms to anyone outside of the organization and
• Do NOT accept gifts in return for conducting business with a vendor

Unfair Business Practices

The following are examples of unfair business practices with vendors.

• A vendor requests we share the bids received from the other vendors. This is unfair because the proposal can be adjusted to increase the chance of being selected as the vendor for the project. or
• A team member chooses to do business with a vendor where the team member’s relative is employed. This is unfair because the team member makes the selection without giving other vendors an opportunity to bid on the project or consider the quality of the product or price.

Documentation

Maintaining Documents

You must retain certain documents for a specific period of time in order to comply with government regulations.

Examples of documents to retain include:

• Patient health information
• Billing information
• Team member information and
• Business documents

To determine the specific time periods required for each type of document, refer to the record retention policies.
Fraud, Waste and Abuse

Examples of Fraud, Waste and Abuse

Fraud is considered intentionally submitting false information to the government or a government contractor to get money or a benefit. Waste is generally not considered to be caused by criminal actions but rather by the misuse of resources such as over-utilizing services that result in unnecessary costs. Abuse may occur when payment is received for services when the provider had no legal entitlement to the payment but did not knowingly and/or intentionally misrepresent facts to obtain the payment. The primary difference is that fraud requires knowledge and intent while waste and abuse do not. BayCare policies, located on the intranet, and federal/state laws strictly prohibit activities leading to fraud, waste, or abuse.

Review the examples of fraud, waste and abuse on this page.

Examples of fraud, waste and abuse:
• Billing for services or supplies not provided or documented
• Changing a diagnosis or procedure code to one that is reimbursed at a higher rate
• Misrepresenting a diagnosis or procedure code to obtain payment
• Stealing or using drugs or medications (over the counter or prescription)
• Misusing or stealing funds
• Falsifying payroll, time or mileage records
• Stealing or misusing equipment, supplies, software or other property
• Falsifying financial or operational records
• Over utilization of services (such as lab tests or prescriptions) when they are not medically necessary
• Services performed in the wrong setting (inpatient vs. outpatient)

Key Points for Maintaining Documents

The following are key points to ensure compliance with documentation:
• Make corrections or additions to records in accordance with departmental policy only.
  – For example, “Modify” or “In Error” an electronic medical record that requires correction. For paper records, do not use white-out.
• Do not remove or alter portions of medical or financial records unless authorized
  – For example, do not backdate information to make a document look like it was completed when, in fact, it was not.
• Retain both paper and electronic records.
  – For example, do not destroy documents before meeting the retention period.
• Dispose of documents properly.
  – For example, dispose of any confidential document according to facility policy.

Corrective Action

Once fraud, waste, or abuse has been detected, it must be promptly corrected. This is why it is important to report any and all concerns in a timely manner. The Corporate Responsibility Department will lead the efforts to investigate and correct any fraud, waste, or abuse identified.
Laws and Penalties

Civil Fraud – Civil False Claims Act. Includes:

- Presenting a false claim for payment or approval
- Making or using a false record or statement in support of a false claim
- Conspiring to violate the False Claims Act
- Knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay the Government

Civil False Claims Damages and Penalties

The damages may be tripled. Civil Monetary Penalty between $5,500 and $11,000 for each claim.

Criminal Fraud Penalties

If convicted, the individual may be fined up to $250,000, imprisoned up to 20 years, or both. If the violations resulted in death, the individual may be imprisoned for any term of years or for life.

Anti-Kickback Statute

Knowingly and willfully soliciting, receiving, offering or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid in whole or in part under a federal health care program (which includes the Medicare program).

Anti-Kickback Statute Penalties

Fine of up to $25,000, imprisonment up to five (5) years, or both.

Stark Statute

Prohibits a physician from making a referral for certain services to a facility in which the physician (or a member of their family) has an ownership interest or a compensation arrangement (certain exceptions apply).

Stark Penalties

Medicare claims based on services provided that violate the Stark Statute are not payable. Penalties include up to $15,000 for each service provided and up to $100,000 for entering into an arrangement which violates the Statute.

Exclusions

The government has the authority to exclude individuals or entities from participating in a Federal healthcare program such as Medicare and Medicaid. This means that an excluded party may not be paid, directly or indirectly, by Federal health care programs. BayCare will not knowingly employee a Team Member or do business with an entity that has been excluded.
All Team Members, Physicians, and vendors are screened at the time of hire or credentialing and every month thereafter. They are also required to notify BayCare in the event they become excluded in the future.

If an entity is caught accepting federal funds for services provided by an excluded individual or entity, they may also be excluded from participating in Federal healthcare programs.

**Contact Information for suspected Fraudulent Activities**

If you are unsure if an activity is fraudulent and need guidance, contact Jeff Durham, BayCare Chief Compliance and Privacy Officer at (727) 820-8022.

If you believe fraudulent activity of any type is occurring, you have a responsibility to report it immediately to one of the following:

- Your supervisor
- The BayCare Chief Compliance and Privacy Officer
- Your facility’s corporate responsibility officer or
- The Toll-Free Hotline (1-877-OUR-DUTY)

Team members who report suspected fraudulent activity are protected from retaliation by BayCare policy #400 and state and federal laws.
Gifts and Entertainment Policies

Gift Policy

Non-Cash Gift Policy:

To avoid inappropriate influence when providing services, team members may not accept more than a small non-cash gift or benefit from patients and families, sponsors, visitors, vendors or contractors.

You may accept non-cash items or services that can be shared with other team members that do not exceed $150. Items can include but are not limited to:

- Flowers
- Candy
- In-service education and
- Vendor-sponsored lunches

Cash or Cash Equivalent Gift Policy:
You should never accept cash or cash equivalents (i.e. gift certificates, gift cards).

Entertainment/Social Events Policy

The following guidelines apply to entertainment and social events:

- The business value must outweigh the entertainment value
- The total ticket values cannot exceed $250 and
- Travel or overnight lodging may NOT be accepted

Examples of entertainment violations include when a vendor:
- Offers to pay for a party at an expensive restaurant valued at $1,000,
- Gives you two tickets to a football game valued at $150 each or
- Offers to pay for you to attend an educational program in the Bahamas

Gift Policies Related to Gifts to Physicians

Gifts to physicians must meet certain criteria for them to be allowable.

The policy related to gifts for physicians may be found on the Intranet. It includes the following criteria:

- Limit physician gifts to the specified dollar amount per year
- Enter all physician gifts into the Physician Non-Monetary Compensation Logging database, located on the BayCare Intranet
- Enter all physician gifts into the database prior to giving the gift, to ensure compliance with federal regulations

Conflict of Interest

What is Conflict of Interest?

A conflict of interest is any actual or perceived conflict that would influence someone's judgment in making a decision.
Examples of potential conflicts of interest could include:

- Providing consulting services to a competitor
- Directing business to a company owned by a spouse
- Accepting gifts from a competitor
- Sharing information related to BayCare for personal profit
- Working for a vendor who conducts business with BayCare
- Influencing service or product contract decisions when you have a financial relationship with the vendor or
- Acting as an expert witness against a BayCare entity

Conflict of Interest Disclosure

Any team member who has a potential conflict must complete the Conflict of Interest Disclosure Form and send it to Corporate Responsibility.

The Conflict of Interest Determination Committee will review the facts of each specific situation and determine if an actual conflict exists.

A Conflict of Interest Disclosure Form must be signed annually by all managers, directors, and senior leadership; and when changes occur. Supervisors should discuss the policy annually with team members to explain the disclosure requirements.

The form is located on the BayCare Intranet.
Lesson: Health Insurance Portability and Accountability Act (HIPAA)

Introduction

Lesson Objectives

All team members and service providers have a responsibility to uphold the HIPAA Privacy Act and safeguard the privacy of all our customers.

After you complete this lesson, you should be able to:

- Recognize the role of HIPAA and Protected Health Information (PHI) across our organization
- Identify categories of Protected Health Information (PHI)
- Identify the policy for accessing information on electronic health records and
- Identify how to access HIPAA resources on the BayCare Intranet

What is HIPAA?

Because patient privacy and the security of patient information are so important, the federal government created the Health Insurance Portability & Accountability Act (HIPAA).

The HIPAA Privacy and Security Rules protect an individual’s medical, demographic and financial information, otherwise known as protected health information or PHI.

Confidentiality Agreement

Anyone providing care and/or services or who is granted access to electronic records is required to read, understand and sign the BayCare Confidentiality Agreement. This requirement includes team members, non-team members, volunteers, students, and any other persons identified in BayCare policies.

The agreement identifies your legal and ethical responsibilities as a team member and/or service provider to safeguard the privacy of all our customers. Signing this agreement is your commitment to follow BayCare’s confidentiality and information security policies.

Failure to comply with this agreement may result in your separation of employment or contract and/or deactivation of access to electronic records within BayCare. Civil or legal penalties may also apply.

BAYCARE CONFIDENTIALITY AGREEMENT

Patient and employee information from any source and in any form (i.e., written, verbal or electronic) is confidential. I will protect the privacy and confidentiality of patient and employee information. Access to this information is allowed ONLY if need to know to do my job. To my employees, I may see or hear confidential information about:

- PATIENTS AND/OR FAMILY MEMBERS (patient records, conversations, financial information, etc.)
- EMPLOYEES, VOLUNTEERS, STUDENTS, CONTRACTORS, PARTNERS (salaries, employment records, disciplinary actions, etc.)
- BUSINESS INFORMATION (financial records, reports, memos, contracts, computer programs, technology, etc.)
- THIRD PARTIES (vendor contracts, computer programs, technology, etc.)
- OPERATIONS IMPROVEMENT, QUALITY ASSURANCE, PEER REVIEW (reports, presentations, survey results, etc.)

I AGREE TO:

1. I WILL ONLY access information that I need to do my job or provide contracted services for BayCare Health System and its affiliates.
2. I WILL NOT show, tell, copy, give, sell, review, change, or trash any confidential information unless it is part of my job or contracted services. If it is part of my job, I will follow the correct department procedures (such as shredding confidential papers before throwing them away).
3. I WILL NOT misuse or be careless with confidential information.
4. I WILL KEEP my computer UserID and password secret and I will not share this information with anyone.
5. I WILL NOT use anyone else’s UserID to access any BayCare Health Systems.
6. I AM RESPONSIBLE for any access using my UserID.
7. I WILL NOT share any confidential information even if I am no longer a BayCare employee, contractor or Business Associate.
8. I KNOW that my access to confidential information may be audited.
9. I WILL tell my BayCare supervisor (or contact BayCare Information Security at Information_Security@baycare.org) if I think someone knows or is using my UserID.
10. I KNOW that confidential information I learn on the job or as a result of providing contracted services does not belong to me.
11. I KNOW that BayCare may revoke my access at any time.
12. I WILL protect the privacy of our patients and employees at all times.

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Important HIPAA BayCare Policies

In this lesson, the following HIPAA BayCare policies will be reviewed:

- Use and release of protected health information (PHI)
- Accounting of Disclosures
- Safeguarding PHI
- Email safeguards
- Faxing health information
- Complaints

Use and Release of Protected Health Information (PHI)

What is Protected Health Information (PHI)?

The definition of protected health information is information specifically identifying a patient using any type of identifier, even if the patient’s name is not used.

Review the examples of protected health information listed on this page.

Examples of protected health information include:

- Social Security numbers
- Patient account numbers
- Medical record numbers
- Photographs
- License numbers
- Addresses
- Telephone numbers
- Fax numbers
- Patient names
- Insurance plan numbers
- Email addresses
- Medical implant numbers
- Date of birth
- Admission date
- Discharge date
- Biometric identifiers (such as palm scans)

Use and Disclosure of Protected Health Information

PHI can only be accessed, used, reviewed or shared if required to perform your job responsibilities.

Examples of inappropriate use and disclosure of PHI include:

- Misrepresenting your job functions to someone in order to gain information
- Sharing patient information with a friend or relative who asks for it
- Accessing or using information for personal reasons
- Accessing or sharing information about a friend, relative, celebrity, co-worker or others, when the information is not needed for your specific job function
- Checking to see how busy another unit is by looking at its patient list
- Accessing your own health information for non-job specific purposes
PHI and Law Enforcement

BayCare team members are REQUIRED to disclose PHI to Law Enforcement to comply with Federal and State law in the following situations:

• Child Abuse
• Vulnerable Adult Abuse
• Gunshot wounds or other life-threatening injuries indicating violence
• Death caused by criminal conduct to include Abuse, Neglect, or Abandonment
• Any person who observes the commission of a crime of sexual battery must immediately report such offense to a law enforcement official

BayCare team members may (but not required) disclose PHI to Law Enforcement:

• Evidence of criminal conduct on BayCare’s property

BayCare team members MAY NOT disclose PHI to Law Enforcement:

• Informing of patient’s imminent discharge to a law enforcement officer seeking only to interview or question a patient without the patient’s authorization.
• Pertaining to an adult victim of crime related to Abuse, Neglect, or Domestic Violence without the patient’s authorization, except as stated above
• Without the patient’s written authorization or documentation that indicates the patient is in police custody, except as specified in the Use and Release of PHI to Law Enforcement policy found on Team BayCare
• Blood Alcohol Levels that are drawn for medical purposes (not a legal blood alcohol draw)

If you have any questions about disclosing information to law enforcement personnel, you may reference the BayCare policy PP 2310 – Use and Release of Protected Health Information (PHI) to Law Enforcement for on Team BayCare.

Accounting of Disclosures

Reporting a Potential Breach

If you believe a patient’s information has been shared or accessed improperly, please send the following to BayCare’s Corporate Responsibility Department to report the incident:

• A completed Potential PHI Breach Reporting Form (available on the intranet)
• A copy of the documents improperly accessed or shared (e.g., the patient records that were faxed to the wrong location, the discharge instructions handed to the wrong patient)
• Verification (e.g., a print screen) that the incident was entered into the Accounting of Disclosures Database (available on the intranet)
• If the incident occurred as a result of a team member’s error, a copy of that team member’s transcript from the Online Learning Center (on the intranet)
• If the incident occurred as a result of a team member’s error, a copy of that team member’s counseling form (completed with a team resources department representative)

You can either e-mail the report to corporate.responsibility@baycare.org or fax the report to (727) 820-8037. If you have any questions about reporting a potential breach, please call BayCare’s Corporate Responsibility Department at (855) 466-6677.
Disclosures Requiring Tracking

BayCare has created a database, located Intranet, to track any disclosure of PHI for which an authorization was not obtained. To locate this database, simply go to the BayCare Intranet Home page and search for "disclosures database."

The following disclosures must be entered into the database:

- Disclosures required by law such as reporting neglect, abuse or domestic violence to the Department of Children & Families; reporting gunshot wounds or blood tests to law enforcement; reporting medical device defects to the FDA; or reporting communicable diseases to the County Health Department
- Disclosures in response to court orders or subpoenas
- Disclosures for oversight activities such as Agency for Healthcare Administration (AHCA) reporting for Emergency Medical Treatment and Active Labor Act (EMTALA) or adverse events
- Disclosures to respond to government investigations
- Disclosures for research purposes
- Disclosures considered improper such as faxing patient PHI to the wrong fax number or sending copies to the wrong physician
- Disclosures to the Medical Examiner

Under HIPAA, patients have a right to receive an accounting of certain instances where their PHI was disclosed without their authorization such as to government entities as required by law.

Contact the Corporate Responsibility department to report any inappropriate disclosure of PHI.

In addition to logging nondisclosures into the database, for any disclosure that is considered improper, a Potential PHI Breach Reporting Form, located on the Intranet, must be completed and sent to the Corporate Responsibility department.
Safeguarding PHI

Protect Health Information

It is every team member’s responsibility to protect health information.

The following examples of behaviors will help you protect health information:

Examples of behaviors to help you protect health information:
- Put paperwork face down in work areas, so visitors cannot see the information
- Dispose of paperwork with PHI properly; shred or incinerate all papers with PHI before disposing of them
- Contact the BayCare Service Desk regarding any electronic media containing PHI in need of disposal
- Lock up paperwork containing PHI when not in use
- Turn computer monitors away from visitor traffic
- Do NOT leave PHI in cars for others to see
- Do NOT discuss PHI in public areas such as elevators, cafeterias or restrooms

Business Associate Agreement/Addendum

A Business Associate Agreement/Addendum (BAA) is required when working with outside companies or individuals who perform a function or activity for BayCare, which involves the use or disclosure of patients’ protected health information (PHI).

The requirement for a BAA does not apply to the release of information to providers for treatment purposes or to insurers for payment purposes.

Key points to remember when completing a BAA include:
• All BAAs require a signature from the BayCare CEO, COO, CFO or the Chief Compliance and Privacy Officer
• If a change is required, obtain approval for change requests from the Senior Management Team representative associated with the contract and the Chief Compliance and Privacy Officer
• Send the signed original document to the Corporate Responsibility department

If you need assistance in determining who qualifies as a business associate, contact the Corporate Responsibility department.

A list of current BAAs is located on the BayCare intranet under Corporate Responsibility/HIPAA

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**Email Safeguards**

**Information Sent by Email: Encryption**

BayCare Health System uses privacy software to ensure any protected health information (PHI) sent in an e-mail, outside of BayCare, is protected and secure. When sending an e-mail with PHI in the body or in an attachment, include the word "encrypt" in the subject line. This step will make sure the e-mail is secure and private once it leaves the BayCare network.
Information Received by Email

When receiving email, use the following guidelines:

- Do not open email from people or sources you do not know. Email can contain harmful code, such as viruses, and can include deceptive instructions that lead to the compromise of information including your user ID and password.
- Retrieve printed emails and attachments that contain patient information as soon as possible after printing.
- Know that IS will never request your user name and password via e-mail messages.
- Review IS Security Newsletters located on the Team Member Portal to stay informed about security risks.

If you need assistance, please contact BayCare Information Services Security by sending an email to ISData.Security@baycare.org.

Faxing Health Information

Information Sent by Fax

Every team member should protect health information sent by fax.

Examples of faxing safeguards include:

- Using a fax cover sheet with the approved Confidentiality Statement with each fax. The fax cover sheet should contain your name and telephone number. You should avoid including PHI on the fax.
cover sheet.
• Placing fax machines in a secure area
• Pre-programming frequently used numbers into the fax machine
• Double checking fax numbers before sending and
• Re-verifying pre-programmed numbers at least annually to ensure they have not changed
• Remaining at the fax machine until the fax has been sent
• Checking fax machines often and delivering incoming faxes to the right person quickly and
• Faxing information regarding sexually-transmitted disease, alcohol/drug abuse or mental health
information only in an emergency treatment situation or unless allowed by federal or State law

Patient Privacy

Maintain Patient Privacy

Use the following guidelines to maintain patient privacy:
• Close doors and curtains when talking with patients
• Ask patients for permission before discussing medical information when visitors are present
• Do NOT hold conversations about patients in hallways and elevators - Keep voices as low as possible in other areas

Maintain Patient Information Security

Use the following guidelines to maintain information security:
• Lock or log off your computer before leaving your workstation
• Do NOT share your user-ID or password for any reason.
  – You are responsible for all activity associated with your user-ID and password
• Do NOT leave electronic patient charts open on your computer screen

For more IS security information you can access the IS Data Security Tips on the BayCare Intranet.

Patient Privacy Policy: Fines and Penalties

Patients have the right to file a complaint with either the BayCare Chief Compliance and Privacy officer or the Office for Civil Rights if their privacy rights are violated. All complaints are taken seriously and investigated thoroughly.

It has always been our policy to protect each patient's confidential information. Now, because of HIPAA, team members who misuse or share patient information can be:
• Terminated
• Fined between $100 to $1.5 million and/or
• Penalized for up to ten years in jail

Accessing HIPAA Resources

Additional HIPAA and Corporate Responsibility Resources

For more information or resources, you can:
• Call your facility's Corporate Responsibility officer
• Call the BayCare Chief Compliance and Privacy Officer
• Contact the manager, supervisor and/or Administrator on Duty or
• Access HIPAA information on the BayCare Intranet

If you cannot access the BayCare Intranet, contact the manager, supervisor and/or Administrator on Duty.
Lesson: Government Inquiries and Reporting Concerns

Introduction

Lesson Objectives

If you receive a non-routine request for information from a government agency, or suspect a compliance concern, would you know whom to contact?

After you complete this lesson, you should be able to:
• Describe the appropriate team member actions when responding to government inquiries
• Recognize who to call with BayCare compliance issues

Responding to Government Inquiries

Non-routine Inquiries

BayCare’s policy is to cooperate with the reasonable demands of governmental investigations.

Examples of non-routine inquiries include:
• Probe Review
• False Claims Act Review
• Subpoena
• Prepayment Review
• Office for Civil Rights (OCR) HIPAA Privacy Complaint
• Internal Revenue Service (IRS) Tax Exempt Status Review

Agencies Making Non-routine Requests

Requests from any of the following government agencies are considered non-routine requests:
• Office of the Inspector General (OIG)
• Centers for Medicare & Medicaid Services (CMS)
• Office for Civil Rights (OCR)
• Department of Justice (DOJ)
• Internal Revenue Service (IRS)
• Medicaid Fraud Control Unit (MFCU)

Contact for Non-routine Government Requests for Information

If you receive a non-routine government request for information (verbally or in writing), immediately contact one of the following:
• Your supervisor
• Your Hospital Division Corporate Responsibility officer
• BayCare Chief Compliance and Privacy Officer

The individual contacted is responsible for notifying the appropriate personnel.
Reporting Concerns

Reporting Compliance Concerns: Your Role

In keeping with BayCare’s Values, policies and Code of Conduct, you are expected and required to report any suspected compliance concerns and questionable situations.

You should be assured:
• Your concerns will be taken seriously, reviewed and addressed.
• You will be treated with respect and dignity.
• You will be informed of the resolution or outcome.
• Your communication will be protected to the greatest extent possible.

No adverse action or retaliation will be taken against you for reporting a suspected compliance concern in good faith.

Reporting Compliance Concerns: Options

There are multiple options available to report compliance concerns. Within BayCare, contact any of the following:
• Your immediate supervisor
• Your department director or any member of the Senior Management Team
• The Hospital Division Corporate Responsibility officer
• The BayCare Chief Compliance and Privacy Officer

Reporting Compliance Concerns: Toll-Free Hotline

Team members may report suspected compliance concerns and/or violations through the Toll-Free Hotline, available 24 hours a day, 7 days a week. Concerns may be reported anonymously.

Calls are toll-free and answered by an outside vendor. The Corporate Responsibility Department investigates each report and provides follow up to the vendor for a caller update.

BayCare Toll-Free Hotline 1-877-OUR-DUTY (1-877-687-3889)
How to Access Additional Resources on BayCare Intranet

Policies & Procedures, Code of Conduct and the Toll-free hotline number are available on the BayCare Intranet.

Remember, for any questions or concerns about “Doing the Right Thing,” you can contact:

- Your supervisor
- Your CHA Corporate Responsibility officer
- The BayCare chief compliance and privacy officer or
- The anonymous Toll-Free Hotline Line at 1-877-OUR-DUTY

No retaliation will be taken against a team member who has reported in good faith.

However, intentionally making a false report will result in appropriate disciplinary action.
Lesson: Cultural Competency and Care

Introduction

Lesson Objectives

BayCare is committed to providing quality and safety-centered services to meet the diverse needs of our patients.

This lesson helps team members develop an awareness of cultural competency and understand the importance of assessing the patient's cultural, religious, spiritual, communication and language needs.

After you complete this lesson, you should be able to:

- Identify team member actions to respond to a diverse patient population
- Identify different methods available when you are unable to communicate with a patient

Cultural Diversity and Competency

Understanding Differences

Cultural Diversity is the difference in thoughts, communications, customs, beliefs and values of racial, ethnic, age, religious and social groups.

Areas to consider and assess when providing care and services to our patients are:

- Communication (language)
- Family roles
- Values and beliefs
- Age
- Religious/Spiritual beliefs
- Nutritional habits and preferences

Cultural Competency

Cultural competency is a set of beliefs, skills, behaviors and attitudes that enable an organization and team to work effectively in cross-cultural situations. Becoming culturally competent is a lifelong learning process.

Not everyone within a given culture shares the same beliefs and values; therefore, becoming culturally competent allows us to understand other cultures more effectively.

Attributes of a Culturally Competent Organization

The following attributes contribute to a culturally competent organization.

A culturally competent organization:

- Treats patients as individuals with unique values, beliefs and practices
- Provides resources for exploring cultural differences
- Is aware, appreciative, sensitive and responsive to patient’s differences (for example communication needs) and expectations
Serving the Needs of Our Diverse Patients

Diverse Patients: The Hispanic Population

Florida is home to many diverse cultures including a large Hispanic population. For example, when providing services to patients who are Hispanic, there are certain considerations.

Hispanic patients may:

• Be group-oriented
• Have greater flexibility related to time
• Address unfamiliar people as Mr. and Mrs.
• Request a family member be permitted to remain in the room at all times or
• Prefer to eat a light breakfast because lunch is usually the main meal

In order to demonstrate sensitivity to our Hispanic population, use the following information as a guide. (Refer to the chart on this page.) Remember, some, not all of our customers may have these preferences or differences.

<table>
<thead>
<tr>
<th>Characteristics of the Hispanic Culture</th>
<th>Possible Preferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>To be called Mr. or Mrs.</td>
</tr>
<tr>
<td></td>
<td>To make brief eye contact</td>
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<tr>
<td></td>
<td>To shake hands</td>
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<tr>
<td></td>
<td>To speak softly</td>
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<tr>
<td></td>
<td>To speak their native language or use a combination of English and native language</td>
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<tr>
<td>Family</td>
<td>To have family present</td>
</tr>
<tr>
<td></td>
<td>To have family included in the decision-making</td>
</tr>
<tr>
<td></td>
<td>To defer to the senior family member</td>
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<tr>
<td>Religion/Spiritual Beliefs and Values</td>
<td>To wear religious medals</td>
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<tr>
<td></td>
<td>To keep shrines and statues in a room</td>
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<tr>
<td></td>
<td>To light candles</td>
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<td></td>
<td>To pray</td>
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<td></td>
<td>To demonstrate a strong religious and spiritual practice</td>
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<td></td>
<td>To believe that illness is “the will of God”</td>
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<tr>
<td></td>
<td>To respect authority</td>
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<tr>
<td></td>
<td>To expect different roles for men and women</td>
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<tr>
<td>Food and Eating Habits</td>
<td>To have hot versus cold liquids/foods</td>
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<tr>
<td></td>
<td>To avoid specific foods</td>
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<tr>
<td></td>
<td>To prefer food from their ethnic background</td>
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</tbody>
</table>
Diverse Communication Needs

Communication and Patient Rights

In recognizing the rights of our patients, all patients have the right to:

- Communicate in a manner that is effective and serves their needs
- Choose their preferred method of communication
- Receive communication services at no additional cost

Patients with Communication Needs

What the Law Requires

Federal law\(^1\) prohibits discrimination against otherwise qualified individuals on the basis of a disability.

BayCare’s Non-discrimination Statement:

BayCare is committed to ensuring that persons with disabilities, including persons who have hearing, vision, or speech disabilities, as well as persons of Limited English Proficiency (LEP), have an equal opportunity to participate in our services, activities, programs and other benefits.

\(^1\) (Section 504 of the Rehabilitation Act, 29 U.S.C. §794)

BayCare Process

Our policy is to effectively communicate with patients and their authorized representatives involving their medical conditions and treatment:

- Auxiliary aids or services will be provided without cost to the person being served, and patients and their families should be informed of the availability of those free services and aids
- Patients have the right to register a grievance or complaint with BayCare and/or the Office of Civil Rights
- If a patient brings a complaint to your attention, contact your Section 504 coordinator
- Your Section 504 Coordinator is on the BayCare Intranet/Team Member Portal—search word “504 Coordinators”

Assess Needs of the Customer

When a person with a disability that affects his/her ability to communicate or to access or manipulate written materials presented for treatment or services, staff should consult with the individual to determine what aids or services are necessary to provide appropriate and effective communication in particular circumstances.

In making the determination, staff should consider the individual's preferred auxiliary aids or services.

BayCare will take appropriate steps to ensure that qualified disabled persons and LEP persons are provided effective notice concerning benefits or services, or written material concerning waivers of rights or consent to treatment.

It is usually NOT appropriate to use family members, friends or others as interpreters to relay clinical information.
Available Resources

Resources for the deaf and hard-of-hearing vary by facility but may include:

- Video Remote Interpretation ("VRI")
- TTY/TDD telephone units
- UbiDUO (two-party texting units)
- iPads
- Picture/symbol cards
- and others

On occasion, circumstances may require an in-person sign language interpreter. BayCare has contracted with interpreters. To arrange for live interpretation, go to the Corporate Responsibility page on the intranet and you will find a link for Section 504/ADA resources.

If a live interpreter is needed, the patient requesting the service should be advised of the anticipated delay in the arrival of the interpreter. For assistance with any of these resources, contact your Section 504 coordinator.

Over the phone interpretation services, providing translation services in more than 140 different languages, are available 24 hours a day, 7 days a week.

To identify which service and how to access, go to the Corporate Responsibility page on the intranet and you will find a link to Section 504/ADA resources.

Documentation

- Staff should ensure that the patient's preferred auxiliary aid/services are noted in the patient record
- Staff should always document in the patient record the means of communication used (Video Remote Interpreter, TTY phone, iPad, degree of pain picture card, etc.) and how the patient demonstrated understanding the information conveyed
- This is especially critical when addressing: patient education; physical examination and assessment; obtaining consent for procedures; and/or discharge or follow-up planning and instructions
- If the patient declines auxiliary aids or services, that also should be documented
- Documenting the means of communication is also essential when interacting with patients or their representatives in non-clinical settings, such as billing and collections
Lesson: Documentation Guidelines for BayCare Medical Group

Introduction

General Appearance of Documentation

The medical record is legal documentation between patient and physician. If an event or procedure is not documented, it never occurred, so document thoroughly. Medical records form opinions and perceptions.

Medical Documentation Guidelines

Medical Documentation Principles

It is important to document accurately and thoroughly to record important facts, findings, and observations regarding the patient's health history. The medical record documents the care of the patient, which contributes to high quality care.

Use the following basic principles whenever you document:
• Document thoroughly and completely using the SOAP format (Subjective, Objective, Assessment and Plan)
• State the facts objectively
• Record legibly and in a timely manner
• Read and sign off on dictation consistently
• Sign notes using first initial/last name/title (Must be professional name)

Specific Documentation Practices for Primary Care Offices

To ensure each patient's medical record is thorough and complete, always include the following information:
• Telephone communication with patients, family members, referring/referral physicians and after hour calls
• Prescriptions and refills
• Patient education
• Informed consent procedures/discussions
• Lab work (physician’s initials on all lab paperwork)/other studies/diagnostic studies
• Notation of abnormal findings/treatment plans
• Patient follow up
• Next appointment date
• Missed appointments/no shows/follow-up attempts
• Non-compliance/refusal of treatment
• Unusual occurrences
• Patient injuries
• Consult notes/operative reports
Documentation Practices to Avoid

BayCare's policy is to protect each patient's confidential information and maintain accurate records.

To ensure the integrity of patient records, avoid the following practices:

- Releasing original medical records, x-rays or reports without patient approval/authorization
- Releasing records to attorneys without physician review or written request signed by court or patient
- Violating patient confidentiality/privacy by sharing protected health information (PHI) with anyone not involved in the patient's direct care

Regulatory Standards

Third Party Payment, Tax-Exemption Standards, Antitrust Laws:

Follow the guidelines on this page for third party payment, maintenance of tax-exemption status and compliance with antitrust laws:

- When appropriate, medical record documentation should reflect the standards or requirements of third-party payers or their outside review agents
- Always include any items requiring documentation, regardless of the impact the documentation may have on referrals
- In order to maintain their tax-exempt status, non-profit organizations must avoid transactions that do not serve their charitable mission or improperly benefit patients that have influence over them, such as board members, officers and key team members
- Failure to appropriately document the fairness of transactions may result in personal tax liability to the parties benefiting from the transaction and the parties who approved the transaction
- Federal and state laws prohibit explicit agreements between competitors restricting competition.
- Although unintended, casual discussions such as how to avoid duplication of services may constitute evidence of serious legal violations; similarly, any exchange of price information can be evidence of a crime