



Integrity and Compliance In partnership with Our Medical Staff

Integrity Line: 1-888-294-8455

Confidential Hot Line – Online Access
www.integrityonline.ethicspoint.com

Partnering with medical staff

In addition to our Mission, vision and values, the policies outlined in this guide help ensure that the decisions and actions of our medical staff meet legal, ethical and professional obligations.

This guide summarizes information about Providence policies that all medical staff members must comply with. You can find some applicable policies online at www2.providence.org/phs/integrity/Pages/default.aspx.

If you have questions about this, please contact your Medical Staff Office or one of the resources listed in this guide. You may also refer to the [Providence Code of Conduct](#).

Fraud and abuse laws

Providence's [Fraud and Abuse Prevention and Detection policy](#) (PROV-ICP-711) requires that claims contain true, complete and accurate information. Physicians should select codes that most appropriately describe the services rendered to a patient. The accuracy of each claim depends on the documentation you provide, including diagnosis and written orders.

Providence monitors claims to ensure compliance with billing, coding and cost reporting. This helps us detect errors and inaccuracies and prevent false claims. Examples of false claims include:

- Billing for services that were either undocumented or not provided
- Billing for services that are not medically necessary
- Providing services at substandard quality where the government would not pay for the services

Providence asks physicians not to rely solely on formal detection monitoring to ensure coding, billing and documentation accuracy. Physicians should use their sound professional judgment as well. If you become aware of something that could affect a claim for payment, please use one of the reporting methods in this brochure to promptly report the concern so that the error can be corrected.

Fraud, abuse and submission of false claims are serious breaches of conduct. Individuals who report concerns are protected from retaliation under Providence policy and federal and state whistleblower laws.

Stark and anti-kickback laws

Federal and state anti-kickback statutes and the federal Stark Law apply to many relationships among Providence hospitals, other entities and physicians. Providence expects patient referrals and admissions to be accepted solely on the basis of patients' medical needs and our ability to provide the needed services. Providence physicians and other referral sources may not accept any inducement for a patient referral. The following are examples of potential risks:

- Leases or other arrangements below market value

- Leases where the square footage is expanded with no adjustment to the related lease to reflect the new square footage and rental payments
- Unreimbursed hospital services (e.g., phone, transcription and education) other than pursuant to a contract or other written agreement

Physician payment and the Sunshine Act

The Sunshine Act was created to ensure transparency between physicians and pharmaceutical, biologic and medical device industries as well as group purchasing organizations. Its provisions follow the legislation and regulations of several states that already regulate payments by drug, medical device, biological and medical supply manufacturers.

In August 2013, pharmaceutical and medical device companies began tracking their interactions with physicians. These interactions include payments or transfers of value, such as consulting fees, honoraria, gifts, entertainment, food and beverage, travel and lodging, education, research, charitable contributions and speaker fees. Pharmaceutical and medical device companies must report to the Centers for Medicare & Medicaid Services. CMS maintains a public database on its website (www.cms.gov/open-payments) to display the information reported by pharmaceutical, biologic and medical device companies. This database was effective September 2014.

Fee-for-service programs

Medicare administrative contractors (MACs) process Medicare claims and serve as the primary operational contact between Medicare fee-for-service programs and the 1.5 million health care providers enrolled in Medicare.

ZPICs (zone program integrity contractors) address fraud, waste and abuse by performing regional Medicare data analysis, complaint resolution and investigative activities.

On Sept. 12, 2014, CMS issued [Transmittal #541](#), giving MACs and ZPICs the discretion to deny "related" claims submitted by another provider or supplier, such as a physician, before or after the claim in question.

Following are examples of "related" claims that may be denied as "related:"

- The MAC performs post-payment review/recoupment of the admitting physician's and/or surgeon's Part B services. For services related to inpatient admissions that are denied because they are not appropriate for Part A payment (i.e., services could have been provided as outpatient or observation), the MAC reviews the hospital record.
- If the physician service was reasonable and necessary, the service will be recoded to the appropriate outpatient evaluation and management service.
- For services where the patient's history and physical, physician progress notes or other hospital record documentation does not support the medical necessity for performing the procedure, post-payment recoupment will occur for the performing physician's Part B service.

Physician-owned distributorships

PODs are arrangements involving medical device companies and physicians who control medical device decisions and who share in the profits generated by the sale of such devices.

Providence policy prohibits physician involvement in PODs.

Physicians may also use their ability to generate hospital referrals and induce hospitals to purchase medical devices in which the physicians have ownership. These arrangements may be unethical or illegal. Under the physician payment Sunshine Act, these relationships must be disclosed to CMS.

Conflicts of interest

Conflicts of interest occur when personal interests or activities influence or **appear to influence** actions and

decisions. Examples include:

- Using your influence to recommend the selection of a vendor, contractor, product or supplier, including medical devices and pharmaceuticals, when you have a financial interest (such as accepting consulting or speaking fees) or ownership interest in the service or product
- Accepting monetary or in-kind gifts from a vendor or contractor as an inducement to use your influence or position.

If you believe a possible conflict of interest may exist, then treat the situation as if a conflict does exist: Disclose and resolve the matter. If you have questions, contact your Medical Staff Office or one of the resources listed in this guide.

Patient information and security

Patient protected health information (PHI), personally identifiable information (PII) and other confidential information require special care. Consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and state privacy laws, PHI may not be used or disclosed except:

- To provide care for the patient
- For payment or health care operations purposes
- If the disclosure is required by law
- If the patient has authorized the disclosure
- If the disclosure is otherwise specifically permitted under Providence policy or Providence's Notice of Privacy Practices

As a physician, you have a responsibility to ensure that your staff and agents acting on your behalf comply with the following privacy and security guidelines:

- Providence-related PHI should only be accessed when there is a legitimate business need
- A patient's PHI/PII should not be discussed in public areas
- PHI/PII should never be posted on social media sites
- Passwords should never be shared

Providence policy states that workforce members, including physicians, are prohibited from accessing the PHI of any other person, including but not limited to family, friends, neighbors, coworkers or persons of interest, unless they have a legitimate business-related need to do so. This prohibition applies even if the workforce member has authorization or other legal authority from the patient. Access to the PHI of third parties for personal, non-job related purposes must be accomplished using existing procedures, such as requesting records through Health Information Management.

If taking Providence-related patient information off site using a mobile device (e.g., a cellphone, CD, DVD, flash drive, laptop), you are responsible to keep that device secure and in your possession at all times until that device can be secured. These measures are not only essential for the protection of our patients, Providence and you, but they also maintain our integrity and keep patient trust intact.

Providence is legally obligated to protect, remediate and report PHI/PII breaches to the individual, state government and Department of Health and Human Services in certain circumstances. Providence deploys monitoring systems to detect and report access that is inconsistent with legal obligations. If you are aware of a breach relating to Providence PHI/PII, please immediately report the concern to one of the resources listed in this guide.

Excluded providers

As a recipient of funds from Medicare, Medicaid/Medi-Cal and other federal and state health programs, Providence is prohibited from submitting any claim for services ordered, prescribed or provided by individuals or organizations excluded from participation in federal or state health care programs. If you are notified by CMS of exclusion, you should promptly notify your Medical Staff Office.

Medical identity theft

If you are treating a patient and suspect medical identity theft for any reason, please immediately report the concern using your entity's identified process or by contacting one of the resources listed in this guide.

Respectful work environment

In keeping with the Providence core values of respect and compassion and to maintain a respectful work environment for all, you should expect to be treated with respect. In turn, we expect you to treat everyone you meet in our hospitals, clinics and facilities with equal respect and fairness at all times.

No Providence medical staff member, employee, patient, family member or visitor should tolerate disrespectful or disruptive behavior in any Providence facility.

If you witness such behavior, please report it immediately to your Medical Staff Office or one of the resources listed in this guide.

Ethical and religious directives

As a Catholic health care organization, we require adherence to all Ethical and Religious Directives as a condition of medical privileges and employment. The Ethical and Religious Directives reaffirms ethical standards of behavior in health care concerning treatment and dignity of people and provide guidance on certain ethical issues that face Catholic health care today. To learn more, visit [Ethical and Religious Directives](#).

Reporting process

You can report any concern by:

- Calling the Providence Integrity Line at 888-294-8455
- Contacting your local or regional integrity and compliance officer or medical group compliance officer
- Using the identified process in your Medical Staff Office

Providence expects medical staff members to promptly report all actual or potential wrongdoing.

Resources

Regional Integrity, Compliance & Privacy

Alaska 907-212-3008

California 818-847-3140

Northwest Washington 425-254-5329

Oregon 503-216-4472

Providence Health Care 509-474-7320

Providence Senior & Community Services 425-254-5329

Providence Strategic & Management Services 425-525-3709

Southeast Washington 509-474-7320

Southwest Washington 206-215-2605

Swedish: 425-525-5612

Western Montana 509-474-7320

Integrity Line / Integrity Online

888-294-8455 (toll free, 24/7)

www.integrityonline.ethicspoint.com

Medical Staff Member Information:

See Integrity and Compliance intranet page at

<http://www2.providence.org/phs/integrity/comped/Pages/default.aspx>.

