

# Ascension Wisconsin Compliance Medical Staff Education



## Who is Compliance?



Ascension is committed to carrying out its healthcare ministry in a manner consistent with the Ascension Mission, Vision, and Values. We are dedicated to following a high ethical standard of individual conduct as well as acting responsibly as corporate citizens. To ensure that appropriate ethical and legal business standards and practices are maintained and enforced, Ascension has established and implemented a policy for an effective Compliance Program.

The Compliance Program will focus on business and professional standards of conduct, compliance with federal, state and local laws, promotion of good corporate citizenship, prevention and early detection of misconduct, identification/prioritization of high risk areas and increased awareness through communication/education.

## Standards of Conduct

At Ascension, we manage our activities in a responsible way governed by Standards of Conduct. These guidelines are an extension of our values. They state expectations for how we conduct ourselves to promote and protect our organization's integrity. We expect all our associates to comply with these standards.

### Standards of Conduct

- **Relationships with Others**  
We interact with others in a sincere and authentic manner. We develop relationships based on honesty, fairness and mutual trust. We act with dignity and mutual respect and do not discriminate against individuals on the basis of race, color, gender, religion, age, national origin, disability, marital status or other legally protected status.
- **Compliance with Laws and Regulations**  
We comply with all applicable laws and regulations. We encourage everyone to openly communicate concerns and report potential violations of laws, regulations and Standards of Conduct without fear of retaliation.
- **Human Resources**  
We strive to cultivate a work environment where everyone is highly regarded and treated honestly and respectfully; where their health and safety are protected; where they are motivated to reach their potential and have opportunity for personal and career learning and advancement; where they have opportunities to participate in decisions affecting their working conditions; where they have tools for performing their jobs well; where they have safe and adequate procedures for resolving conflicts; and where they are recognized for their achievements, without prejudice or discrimination.
- **Business and Ethical Practices**  
We are committed to ethical business conduct and integrity consistent with our Catholic tradition. We all must represent our organization accurately and honestly. They must not purposely defraud anyone – including other companies or the government – of money, property or services. Everyone must also take all reasonable steps to preserve and protect Ascension's assets by making prudent and effective use of our resources, and properly and accurately reporting its financial condition.
- **Conflicts of Interest**  
We are expected to act in a manner in the best interest of Ascension. They may not use their positions to profit personally or assist others in profiting in any way at Ascension's expense. In any situation where a staff member's outside interests conflict with the organization's, the staff member must disclose the conflict in accordance with organizational policy.
- **Your Voice**  
Each Ascension organization has a Compliance Officer (RCO) or a compliance representative. Medical staff can contact their RCO or to report situations that may violate laws, the Standards of Conduct or applicable policies. The Wisconsin RCO is Sarah Kleaveland Kupczak who may be reached at (414) 465-3508 or [sarah.kleaveland-kupczak@ascension.org](mailto:sarah.kleaveland-kupczak@ascension.org) You can also report potential violations through the Values Line at 1(800)707-2198 or [www.ascensionvaluesline.org](http://www.ascensionvaluesline.org). All reported information will be treated confidentially.

The full [Standards of Conduct](#) are sent with your credentialing package and are available upon request from the Medical Staff Office and online.

## Privacy

Health Insurance Portability and Accountability Act (HIPAA) mandates that hospitals, clinics and other health care entities take minimum risk with a patient's information and obtain the patient's permission when needed. All patient and staff information in the clinic/hospital is considered strictly confidential.

All Protected Health Information (PHI) and proprietary information is considered confidential and protected by law. Failure to maintain that confidentiality may harm the patient and/or the health care facility. Access to patient information is determined by a "need-to-know" basis and as necessary to carry out duties or assignments. Under the law, releases of patient information should only occur if there is a legitimate business or patient care purpose. It is not necessary to obtain a patient authorization for release of information for continuing treatment or payment purposes

Patient privacy requires that we maintain secure electronic patient information. A few key items that will help keep patient information safe:

- *Do not leave computer screens up when you step away from the computer. (We have had visitors try to access unattended computers.)*
- *Log off the computer when you are done and do not share user IDs or passwords*
- *If you need to send information via e-mail, put the word - **SECURE-** or **-PHI-** in the subject line to encrypt the message.*

Please remember that patients have the right to object to the release of information to their family. Access to personal and/or family member information must be requested through the Health Information Management department.

Your role in protecting patient information is especially important. Please be aware of your surroundings and discuss patients and patient care needs in private and not in public hallways, waiting rooms, elevators, and other areas where your conversations may be overheard. Whenever there is a need to discuss treatment information, it is always best to ask the guest to step out of the room. This will eliminate the possibility of a possible breach of patient privacy, and it also removes the often-difficult task of having the patient ask family and loved ones to leave. It is always our job to make sure that we are doing what is in the best interest of our patients.

For more information, please refer to the following policies:

[Patient Privacy Program, AW](#)  
[Uses and Disclosure of Protected Health Information, AW](#)  
[Confidentiality and Patient Privacy Rights with Regard to Protected Health Information, AW](#)  
[Safeguards for Patient Information, AW](#)

## Fraud, Waste, and Abuse

Fraud occurs when someone knowingly makes false statements of material fact to obtain a payment for which they are not entitled. Knowingly billing for services not furnished may be fraudulent. Abuse occurs when unnecessary services are provided and the cost of which is ultimately passed on to patients or insurers. The False Claims Act, The Anti-Kickback Statute, Physician Self-Referral Law (Stark), the Social Security Act and criminal code are used to address FWA. Violations may result in nonpayment of claims, fines, penalties, criminal/civil liability and/or program exclusion.

Ways in which you may help prevent FWA are:

- Staying informed of changes in laws, regulations and policies,
- Ensuring that documentation and billing are accurate,
- Only ordering or performing medical necessary services, and
- **Reporting concerns to the Compliance Program.**

## Sanction Screening

The Office of the Inspector General (OIG) excludes health care providers from program participation for program-related fraud/abuse and patient abuse convictions, licensing board actions and defaults on Health Education Assistance Loans. When exclusion is imposed, no payment may be made to anyone for any items or services furnished, ordered or prescribed by an excluded party under the Medicare, Medicaid, or other federal and state programs.

This payment prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, any hospital or other provider where the excluded person provides services. The exclusion applies regardless of who submits the claim and applies to all administrative and management services furnished by the excluded person.

It is the policy of Ascension that it will not knowingly employ, or purchase services or supplies from an individual or entity that is listed by a federal agency as excluded, suspended or otherwise ineligible for participation in federal programs.

**As part of Ascension's Medical Staff credentialing and re-credentialing process, you are asked to certify that you are not currently excluded from federal program participation, and that you will notify Ascension should you come under investigation in a matter that could lead to exclusion or become excluded from any federally funded healthcare program.**

For additional information, please review our [Excluded Provider, AW](#) policy.

## EMTALA

The Emergency Medical Treatment and Active Labor Act ("EMTALA") was enacted in response to the practice of some hospitals of transferring the poor and uninsured to other facilities for emergency treatment. EMTALA created patient screening, stabilization and transfer requirements for hospitals that provide emergency care and participate in the Medicare Program.

Ascension must provide a medical screening exam to any individual who presents in one of Ascension's emergency departments. **Additionally, Ascension must provide a medical screening exam to individuals (including visitors) presenting themselves at any area of the hospital main campus if the individuals require or has a request made on their behalf, for examination or treatment for what may be an emergency medical condition.** A request will be considered to have been made if a prudent layperson observer would conclude, based on the person's appearance or behavior, that the person needs emergency examination or treatment.

Ascension is required to provide stabilizing treatment, and/ or an appropriate transfer shall be made. The EMTALA regulations require that if a transfer is due to an on-call physician refusing or failing to appear within a reasonable time to provide necessary stabilizing treatment, the name and address of the on-call physician must be sent with the transfer record

Refer to the [Emergency Medical and Treatment \(EMTALA\), AW for further information.](#)

## Medical Records and Copy-Paste Functionality

Joint Commission, State Licensing and the Medicare Conditions of Participation require that all medical records entries be signed, dated and timed.

All verbal orders shall be signed by the person to whom dictated, with the name of the physician per his/her own name. The responsible medical staff member (ordering physician) shall date, time, and authenticate such orders within 30 days of patient discharge.

Medical Record documentation can never be written prior to the patient receiving the care. Example: the post-operative procedure note cannot be filled out until after the procedure at which time the required information should be documented and the note, signed, dated and timed.

Ascension Wisconsin makes full use of its multiple Electronic Health Record (EHR) systems' "Copy-Paste" Functionalities (CPFs), while maintaining the integrity and accuracy of the content of clinical documentation. For more information on copy-paste functionality, please review our [Use of Copy and Paste Functionality for Documentation within the Electronic Health Record, AW](#) policy.

## Inpatient vs. Outpatient

The choice of inpatient admission vs. outpatient treatment is a complex, point in time, patient specific medical judgment. **The Physician responsible for a patient's care at the hospital is responsible for deciding whether a patient should be admitted to an inpatient versus outpatient stay.** The physician should consider:

- Length of stay (expectation of stay greater or less than 2 midnights)
- Severity of the signs and symptoms exhibited by the patient;
- The medical predictability of something adverse happening to the patient;
- The need for diagnostic studies that appropriately are outpatient services to assist in assessing whether the patient should be admitted
- The availability of diagnostic procedures at the time when and at the location where the patient presents.

Although, Medicare has indicated that physicians should use the 2 midnight benchmark for deciding if patients should be admitted as an inpatient, **the medical necessity for this decision must be in the documentation.** It also should be noted that each year Medicare designates certain procedures to only be performed on an inpatient basis, the "inpatient only" list

Ascension is required to bill based on the order of the patient's physician at the time of treatment. CLEAR physician orders prevent inadvertent placement or billing errors by hospital staff trying to make a 'guess' at what the physician intended and may prevent frequent contacts to physicians by case managers requesting clarification.





## *What is expected of me?*

When acting in your Medical Staff role at Ascension Wisconsin facilities, you are expected to:

- Operate within Ascension's policies, procedures, and ethical expectations to PREVENT noncompliance.
- If you DETECT potential noncompliance, REPORT it so Corporate Compliance can work with leaders and associates to CORRECT the noncompliance. This protects patients, including federal health care program beneficiaries and our organization.
- Ask questions when you are uncertain what to do.

## *Who can I contact?*

The Corporate Compliance Department is made up of Ascension employees who work to ensure ethical and legal business practices and that we maintain our core values. This is done by:

- Making sure we comply with all laws and regulations
- Auditing and monitoring to reduce fraud, waste, and abuse (FWA)
- Providing education to staff

In addition to performing auditing and Monitoring Projects, Corporate Compliance also investigates reported privacy concerns and performs Proactive Privacy Monitoring to help maintain patient privacy.

If you have any questions or concerns, please contact:

Regional Compliance Officer, Privacy Officer  
Sarah Kleaveland Kupczak 414-465-3508

Director - Mandy Coyle 715-785-7170  
Areas of Focus: Lab, Conflict of Interest, Data Loss Prevention, Education, Sanction Testing

Director - Patti Wesela 414-465-3046  
Areas of Focus: Ambulatory, Ancillary Service, ASC, Behavioral Health, Ambulance, Pharmacy, ED, 340B

Director - Kalikah Gordon 414-465-3421  
Areas of Focus: Radiology, Inpatient, Observation, Outpatient, Oncology, Cardiology, Neurology, Therapy, Inpatient Rehab Facilities