



Reference Guide

April 2019



We are all stewards of Beaumont Health's Compliance program.

Delivering Beaumont Health's mission of extraordinary care every day requires a high level of integrity and a commitment to transparency. Our Code of Conduct and Compliance Standards are foundational to achieving this providing guidance and structure to support our daily actions, decisions and interactions. Each member of the Beaumont team is responsible for making this a part of our culture and helping us set the standard for Compliance excellence.

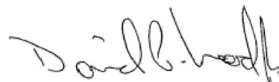
Our Compliance Program is designed to safeguard our patients, families, physicians and team by ensuring all laws and regulations are followed. With that in place, we can focus on delivering the compassionate care and quality outcomes for which we are known. It is also how we earn and keep the trust of our patients and maintain our reputation as a trusted provider and employer.

Compliance has always been a priority at Beaumont and we remain committed to continuous improvement. We are strengthening our education and training resources through tools such as this Guide to empower each of us to make thoughtful choices and to speak up when necessary. We want to enable constructive conversations, highlight the good work being done and continue to mitigate risk.

We work in an increasingly complex regulatory environment and having clear guidelines and expectations has never been more important. Thank you for making Compliance a priority and for your commitment to demonstrating ethical behavior. Together, we will ensure our culture remains grounded in honesty, transparency and trust while we care for our patients, families and each other.



Dawn Geisert
Senior Vice President and
Chief Compliance Officer



David Wood, M.D.
Executive Vice President and
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BEAUMONT HEALTH MISSION, VISION AND VALUES

Compassion is a fundamental attribute for Beaumont physicians, employees and volunteers. It is so critically important, compassion is reflected in our Mission, Vision and Values:

OUR MISSION

Compassionate, extraordinary care every day

OUR VISION

To be the leading high-value health care network focused on extraordinary outcomes through education, innovation and compassion

OUR VALUES



Our Mission to serve others is why we exist as an organization. Our Vision is what we want to become. Our Values guide our behavior and actions in everything we do for patients, families, colleagues and communities.

OUR CULTURE OF CARING PARTNERSHIPS

Living our Mission through our Values creates our Culture of Caring Partnerships centered on patient and family care. This visual representation of our Culture of Caring Partnerships expresses how our Values are integral to our commitment to providing patient and family-centered care at Beaumont. Creating and supporting our Culture of Caring Partnerships is the basis for Beaumont's strategic programs and initiatives.



Beaumont is committed to conducting business with integrity and in accordance with all applicable Federal, state and local laws. For this reason, we have a comprehensive Compliance Program that provides compliance tools and education to workforce members in the following areas:

- Corporate Ethics and Compliance
- Corporate Integrity Agreement
- Health Information Privacy
- Information Security

Beaumont complies with applicable Federal civil rights laws and does not discriminate. We ensure individuals are not excluded from participating in, denied the benefits of, or subjected to discrimination under any health program or activity that is provided through Beaumont, based upon race, color, national origin, age, disability, sex, sexual orientation, gender identity or religion.

COMPLIANCE

HIGHLIGHTS OF THE COMPLIANCE PROGRAM

Policies and Procedures

Policies and procedures serve an important purpose in our organization. They document how Beaumont and our workforce will comply with laws and contractual or accreditation regulations and standards. They can also establish a common clinical standard for how we care for patients. Policies and procedures must be widely accessible and clearly communicated. Our policies are available through the Beaumont intranet. Remember, these are guides on how to perform operations compliantly. Use of policies and procedures also helps detect possible compliance issues.

Training and Awareness

Compliance training programs are used to provide physicians with important reminders about key requirements and our overall Compliance Program structure. Beaumont is committed to providing effective education and training for all workforce members (regular full and part-time, contingent, temporary personnel and contract workforce members). Physicians who fail to participate are subject to corrective action up to and including termination from employment.

Audits and Monitoring

Beaumont leadership and the Compliance Team perform planned formal audits and use other methods to monitor compliance. These activities identify compliance risks and help us resolve problems in any identified areas. Our program includes: periodic risk assessments, onsite visits, interviews, questionnaires, peer reviews, documentation reviews and annual work plan development. To ensure effective auditing and monitoring, the Beaumont Compliance Team must have access to information and the support of leaders and others in providing timely communication and follow up.

Open Lines of Communication

Beaumont leadership is available to provide physicians support on the Compliance Program. The Compliance Team is also a resource and partner for physicians. We are available to help answer questions and resolve larger issues. You can reach us by calling **248.551.1820** or via email at Compliance_Audit_Risk@beaumont.org. You can also contact any member of the Compliance Team directly for assistance.

All physicians are expected to report potential compliance and fraud and waste or abuse concerns or issues. Anonymous reporting is always available to you, 24/7/365, by utilizing our Trust Line reporting process. You can use the toll-free number **800.805.2283** or you can report [online](#).

Non-Retaliation/Whistleblower Policy

Beaumont is committed to a workplace free of retaliation or intimidation in any form for any good faith report of possible violations of corporate policy, quality of care standards, rules, laws, regulations or risks. You are also protected from retaliation when you:

- Comply with law enforcement, investigations or court actions
- Refuse to conduct a task that would violate the law
- Report a workplace injury, illness or hazard

If you believe you have experienced retaliation for reporting a concern or asking a question, contact the Compliance Team.

Investigation and Corrective Action

When Beaumont compliance receives reports of concerns or issues, we investigate. We resolve most issues within 7 to 10 days of the initial report. We evaluate each situation based on all the facts and use a Just Culture committee process to determine whether any employee disciplinary action will be taken.

If a report is substantiated, we work with the leadership teams impacted to respond appropriately and implement corrective actions that will help prevent the problem from occurring again.

Enforcement and Discipline

An effective Compliance Program must include the use of disciplinary standards that are clearly written in a policy and widely distributed. The discipline policy describes the consequences of violations and should be reviewed with employees and other workforce members regularly. Compliance has partnered with our Human Resource team to include compliance-related violations in the Progressive Discipline Policy. Consistent with a Just Culture approach, Compliance supports fair and just discipline based on all the facts. In some cases, all that will be required is additional education about a policy, process or requirement. In other situations where the facts and circumstances support it, for example an intentional violation is committed, the discipline applied could include termination of employment.

HIGHLIGHTS OF THE BEAUMONT CODE OF CONDUCT

The Beaumont Code of Conduct and Conflict of Interest guidelines provide standards and directives on how to conduct yourself in various situations with patients, visitors, co-workers, volunteers, contractors, vendors and other third parties.

Conflicts of Interest

You should maintain the highest standards of business ethics and refrain from outside activities or personal interests that result, or appear to result, in a conflict of interest. A conflict of interest is a situation occurring when an individual is involved in multiple interests, one of which could possibly unfairly influence your judgment. Employees, physicians and workforce members are required to report a conflict of interest to the Compliance Team. You can always contact the Compliance Team or Office of the General Counsel with questions regarding conflicts of interest.

EXAMPLE:

An employee receives compensation, gifts, favors, entertainment or other similar benefits from any vendor/outside entity that does or seeks to do business with Beaumont.

Confidentiality

Beaumont is committed to ensuring the confidentiality, privacy and security of individually identifying information, including **Protected Health Information**. All information related to a patient is considered PHI, including name, address, Beaumont ID number, Social Security number and medical information (including electronic medical record).

You may disclose this information only as permitted or required by law and by our [Compliance With Federal and State Privacy Laws and Regulations Policy](#).

Simple guidelines to help you protect confidential information:

- Share confidential information with other Beaumont workforce members on a need-to-know clinical or business-related basis only.
- You may disclose PHI, using the minimum necessary standard, to anyone designated by the patient to receive such information. In some cases Beaumont must first obtain a valid, written authorization from the patient.
- You must respect and protect the trade secrets, proprietary and confidential information of companies you worked for prior to working with Beaumont. You must not use this protected information without the written consent of the owner.
- Confidential/propriety information may be removed from company premises; however, you must have a business need to do so, obtain appropriate leadership permission, and take the necessary steps to ensure that the information is protected and safeguarded.



FOR MORE INFORMATION:

Contact the Compliance Privacy office at **248-551-1820** if you have any questions regarding protecting confidential information.

Federal Program Exclusion and Debarment

Beaumont ensures compliance with Federal rules prohibiting payment to excluded providers and entities. Beaumont will not make payments for items or services furnished or prescribed by a provider or entity that is debarred, suspended, excluded, or declared ineligible to perform work under any government contract or subcontract, including Medicare, Medicaid and Federal Employee Health Benefits Program as well as the Qualified Health Plan. Issues regarding contracting with any organizations that have felony convictions or misconduct will be discussed and addressed by the Compliance Team and Beaumont Office of General Counsel. Beaumont's Human Resource department will review issues regarding the hiring or retention of individuals with histories of felony convictions and other convictions for crimes of dishonesty.

Adherence to Fraud, Waste and Abuse Prevention Guidelines

Beaumont has a [Fraud, Waste and Abuse Prevention Policy](#). Our FWA Prevention Program is intended to detect, deter, mitigate, resolve and prevent fraud, waste and abuse. Physicians have a responsibility to protect the reputation and assets of Beaumont, including all patients, buildings, equipment and monies. The Beaumont Compliance and FWA Prevention Programs facilitate the elimination of non-compliance and Fraud, Waste, and Abuse activities. These programs include rigorous investigation of any allegations of wrongdoing and the implementation of appropriate corrective actions.

FRAUD is defined as a dishonest act to gain something of value.

Examples of FRAUD

- Intentionally using a wrong billing code to get more money
- Billing twice for the same service to get more money
- When running late, asking a co-worker to clock-in for you
- Billing for services that were not performed to get more money
- Applying another person's identity to receive Medicaid payments
- Providing false information about credentials, e.g. college degree, to gain employment

WASTE is defined as the mishandling or mismanaging of funds, property or resources. Unlike fraud or abuse, waste could be unintentional.

Examples of WASTE

- Purchase of unneeded supplies or equipment
- Time spent to do something incorrectly or unnecessarily
- Failure to reuse or recycle major resources or reduce the generation of waste

ABUSE is defined as providing health care services that are not needed or overused. Abuse may or may not involve intentional deception, but more than likely, the actions are inappropriate or not compliant with acceptable conduct, professionally recognized standards, company policy or government regulations.

Examples of ABUSE

- Imposing harm, even if unintentional, to a patient or other person
- Purchase of goods at inflated (higher than competitive) prices
- Billing for brand name drugs when generics are dispensed
- Miscoding a claim or charging excessively

Each of us is required to report suspected fraud, waste or abuse as outlined in our Code of Conduct. Workforce members who report suspected fraud may do so anonymously using the Trust Line at **800-805-2283**.

Gifts and Business Entertainment

You may not accept personal gifts, loans, services, fees, gratuities or consideration of any kind, regardless of value, from a vendor or from any company competing with Beaumont. You may accept occasional invitations from vendors to off-site meals provided you are accompanied by the vendor and it is clear to all concerned that acceptance in no way influences any decision on behalf of Beaumont.



QUESTION

Matthew receives a gift card to the local coffee shop from a happy vendor seeking to do business with Beaumont. It's only \$10.00 and Matthew is sure that keeping the gift card is not a violation. Is he right?



SOLUTION

NO. Matthew cannot keep the gift card. Under Beaumont's Code, no matter what job you perform at Beaumont, no one may accept such gifts.

Federal law restricts gifts to Medicare and Medicaid patients. You should consult with the Compliance Team or the Office of General Counsel if you or your department is seeking to offer items of value to Beaumont patients.

Use of Company Funds and Assets

You are responsible for ensuring assets provided to you, including but not limited to supplies, equipment, financial data, business strategy plan and other business related information, are used for business purposes only.

Fair Dealing

Workforce members should deal fairly with Beaumont patients, suppliers, competitors and workforce members. You should not take advantage of anyone through manipulation, abuse of privileged information, misrepresentation of material factors or any other unfair dealing practices.

Accounting and Reporting

Accurately and truthfully record all corporate information, accounting and operating data by strictly following established procedures. You should not, for any reason, cause false or artificial entries to be made in company books and records, including the electronic medical record (i.e., EPIC).

Political Activity

Be a good citizen and participate in the political process; however, you should not create the impression that you are acting on behalf of Beaumont. Corporate political activity is highly restricted. Physicians may not take part in any political campaign for any candidate on company time or expense nor may a physician use company resources to support a candidate for political office. Contact the Office of General Counsel or the Compliance Team for more information.

Fair Dealing

Physicians should deal fairly with Beaumont patients, suppliers, competitors and workforce members. You should not take unfair advantage of anyone through manipulation, abuse of privileged information, misrepresentation of material factors or any other unfair dealing practices.

Use of Company Email and Internet

The use of electronic message systems and communications is provided to support business requirements and job functionality. It is a quick and cost-effective means to create, transmit, and respond to messages and documents electronically. It is recommended that physicians not use their personal email account(s) to conduct Beaumont business. Physicians accessing Beaumont email on approved smartphone devices must follow the Beaumont [Mobile Device Security Standard Policy](#).

You must take reasonable precautions to ensure the confidentiality and integrity of electronic messages. Refer to Beaumont's [Electronic Communication Standard Policy](#) when transmitting any electronic Communications and Protected Health Information.

There may be the occasional need to exchange personal messages. When utilizing email for personal messages, activities must be reasonable, acceptable to management and not affect job performance. It is a violation to utilize email for activities or communications that are offensive, intimidating, illegal, out of compliance with corporate standards, or interfere with network services or equipment. Physicians participating in the distribution of inappropriate material including the receipt and forwarding of emails with attachments or content that could be sexually explicit, indecent and/or offensive are subject to disciplinary action.

For more detailed information, please refer to Beaumont's [Confidentiality and Usage Agreement Policy](#).

**QUESTION**

Can I forward my project files containing unencrypted confidential information to my personal email account?

**SOLUTION**

NO. Sending unencrypted confidential information to a personal email account or to any recipient outside of the Beaumont network should be avoided at all times. Questions about this should be directed to your leadership or the Compliance Team.

Records Retention and Destruction Program

You are required to preserve relevant corporate records as directed by the Office of the General Counsel. Destruction of Beaumont corporate records under the Beaumont's [Document Retention Policy and Procedures](#) will be suspended as necessary and appropriate under the directive of the Office of General Counsel in order to preserve corporate records relevant to investigations of alleged wrong doing or as required by court order.

Corporate Integrity Agreement

Beaumont has entered into a corporate integrity agreement with the United States Department of Health and Human Services Office of Inspector General. A Corporate Integrity Agreement, also known as a CIA, outlines the obligations we must agree to as part of our government settlement. The corporate integrity agreement has a five-year term and will be in place until July 2023.

The CIA, like all others, has mandated compliance activities as well as required reviews and audits that are performed by outside, independent consultants. While our CIA is focused on our contracting processes along with Stark and Anti-Kickback compliance, it also includes Compliance Program requirements that extend to all clinical and business operations. Each year of the CIA, Beaumont prepares an annual report describing our compliance efforts and performance that is submitted to the Office of Inspector General.

Beaumont, its governing body and leadership are committed to supporting and promoting an ethical work environment through Compliance Program excellence, effectiveness and transparency. Each of us plays a key role in ensuring we comply with all laws, regulations, policies and procedures that govern our work. The Compliance Team is available to provide guidance, direction and support. Additionally, our Compliance Program provides structure and resources on how to raise questions or concerns, how we can proactively identify, review and resolve risks, and how to be compliant on a daily basis.

Physician Responsibilities

Physicians are responsible for their own ethical behavior and for reporting any activity that they believe may be a violation of the Beaumont Code of Conduct or any applicable policy, law or regulation. Physicians have a responsibility to prevent and detect fraud, waste and abuse on behalf of the company's lines of business. Physicians are also required to:

- Fully cooperate with all internal and external investigations.
- Disclose immediately any debarment, exclusion or other event that makes them ineligible to perform work directly or indirectly for Federal health care programs.
- Participate in annual compliance, regulatory and organizational training.
- Recognize risks and ensure that all significant risks are appropriately identified, assessed, managed, monitored and reported as mentioned under the Compliance Program or the Code of Conduct.
- Annually acknowledge their responsibilities in the Code of Conduct and disclose any potential conflicts of interest.

? FREQUENTLY ASKED QUESTIONS | CODE OF CONDUCT

Who should I report an ethical concern or violation to?

You should discuss any concerns or violations with your leadership, who is responsible for helping you resolve problems. If you feel that you cannot discuss your concern with your supervisor, you may discuss your concern with the Compliance Team or call the Trust Line at **800-805-2283**.

Am I obligated to report improper or unethical conduct?

Yes, all workforce members are required to report known or suspected violations of the law or code.

Can I report a violation anonymously?

You can report your concern anonymously, although it is better if you leave your name and a way to reach you in case additional information is needed. To voice your concern anonymously, call the Trust Line at **800-805-2283**.

What will happen to me if I report a violation?

Beaumont is committed to creating a work environment where inquiries and reports involving the Code of Conduct, compliance, and suspected policy and procedure violations are encouraged and accepted and where you feel free to raise ethical concerns in good faith without fear of retaliation. We encourage you to think about ethical issues, report problems or concerns, and ensure your behavior conforms to the principles in the Code. If you are involved in a questionable activity, you will be treated fairly and given an opportunity to explain your actions.

Can I store non-business-related information on a department share drive so that other workforce members may view the material on their break or lunch?

No. Non-business-related information, such as photographs or videos, should not be stored on company share drives. Your computer and the Beaumont network are considered company assets and only should be used for business-related purposes.

PRIVACY OF PROTECTED HEALTH INFORMATION

The Compliance With Federal and State Privacy Laws and Regulations policy builds on the Code of Conduct. Beaumont is committed to ensuring the confidentiality, privacy and security of individually identifiable information, including PHI. Protecting the privacy of our patients' health information is an integral part of Beaumont's business practices and must be taken seriously.

Although we have always protected the privacy of our patient's information in accordance with State regulations, the HIPAA privacy and security rules set forth additional requirements to safeguard protected health information. This applies to PHI in any form (e.g., electronic, paper, verbal) that is created, received or maintained by Beaumont and that identifies the individual. The information may relate to the past, present or future physical or mental condition of that individual, the provision of health care to the individual, or payment for the provision of the individual's health care.

Physician Responsibilities

As physicians, you are responsible for protecting the privacy of our patients' PHI and for reporting any activity believed to be a violation of our policies.

General Rules | Physicians will:

- Collect, access, use and disclose PHI only for the permitted and required uses and disclosures described in the policy.
- Make reasonable efforts to access, request, use and disclose only the minimum necessary amount of PHI to accomplish the business purpose of the activity.
- Verify the identity and authority of any person requesting disclosure of PHI before disclosing to that person.
- Share all disclosures to third parties, except as required by law, on the recipient's agreement to protect and use the data only as authorized.
- Maintain reasonable and appropriate administrative, technical and physical safeguards to secure unintentional disclosure of PHI; for example: avoid leaving papers containing PHI on desktops where passers-by may read it; verify fax numbers, email and mail addresses before sending PHI.
- Not sell PHI to anyone or disclose PHI to other companies who may want to sell their products to individuals (e.g., catalog or telemarketing firms).

Notice of Privacy Practices

The Notice of Privacy Practices define how we will use and disclose PHI. The NPP is provided to all patients.

Business Associates

Beaumont may disclose PHI to a business associate after entering into a written agreement (Business Associate Agreement) with the third party. The business associate may not use or disclose the information on its own behalf or for any purpose outside the scope of the business associate agreement.

Authorization to Release PHI

You must obtain written authorization to disclose PHI utilizing an approved authorization form except when we are using or disclosing the PHI for the purpose of treatment, payment or health care operations. Please reference the [Compliance With Federal and State Privacy Laws and Regulations Policy](#) and all applicable forms on the Compliance intranet site for more detailed information as to when written authorization is and is not required.

Minimum Necessary Standard

Beaumont uses, discloses and requests only the minimum amount of PHI that is necessary to accomplish the purpose for which the information is used, disclosed or requested. Whenever possible, information should be limited to the amount of information found in a Limited Data Set.

Data Rules

Beaumont may disclose patient information if the information is de-identified, in a limited data set or summary health information. You should not disclose de-identified information if you have actual knowledge that the information could be used alone or in combination with other information to identify a patient who is the subject of the information.

Beaumont Patient HIPAA Rights

- **Notice of Privacy Practices.** Patients have the right to adequate notice of uses and disclosures of PHI that Beaumont may make and of the rights that they have with respect to their PHI.
- **Access.** Patients have the right to inspect and/or obtain a copy of the information about themselves that Beaumont maintains in his/her designated record set. Requests must be submitted in writing to the Health Information Management (Medical Records) department.
- **Restrictions.** Patients have the right to request that Beaumont restrict the use and disclosure of their PHI. Beaumont is not required to agree to a patient's request for restriction.
- **Amendment.** Patients have the right to request that Beaumont amend PHI contained in the patient's Designated Record Set. Amendment requests must be submitted in writing to the Health Information Management (Medical Records) department.

- **Accounting.** Patients may request an accounting of disclosures of the PHI that have been made by Beaumont within the six years prior to the member's request. Requests must be submitted in writing to the Health Information Management Department (Medical Records).
- **Confidential Communications.** Patients may request to receive confidential communications containing PHI by alternative means or at alternative locations. Beaumont will accommodate reasonable requests if the member states the disclosure of all or part of that information could endanger the member. The request must be made at each facility where the patient receives care.

Complaints

Members may file a complaint about Beaumont's privacy practice by calling the Compliance Team, Privacy Officer, or use the Trust Line at **800-805-2283**. The Compliance Team is responsible for investigating, tracking and responding to all complaints related to privacy and PHI. Patients may also file a complaint with the Office for Civil Rights.

Protected Health Information

PHI is individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form that relates to (1) the past, present, or future physical or mental health, or condition of an individual; (2) provision of health care to an individual; or (3) payment for the provision of health care to an individual. If the information identified can be used to identify an individual, it is considered individually identifiable health information.

Protected Health Information includes:

1. Names
2. Addresses
3. All elements of dates with or without years
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social Security numbers
8. Medical record or financial account numbers
9. Admission or discharge dates
10. Date of Death
11. Health plan and beneficiary numbers
12. Account numbers or member numbers
13. Certificate/license numbers
14. Vehicle identifiers and serial numbers, including license plan numbers
15. Device identifiers and serial numbers
16. Web Universal Resource Locators (URLs)
17. Internet Protocol (IP) address numbers
18. Biometric identifiers, including finger and voice prints
19. Full-face photographs and any similar images
20. Any other unique identifier, characteristic, or code/number that could reasonably be used to identify the patient.



QUESTION

Kari wants to know where her daughter's new boyfriend lives, so she checks to see if his address is in Beaumont's computer system. Is it okay since she's doing this out of concern for her daughter?



SOLUTION

NO. You should not access the protected health information of anyone unless you have a valid clinical business need for accessing the information.



QUESTION

A manager in my department is asking her staff to write incorrect information on documents. Who should I report the issue to?



SOLUTION

You should immediately report the issue to the Compliance Team. At Beaumont, compliance means we fully adhere to Federal, State and local laws and regulations. If you discover or suspect that someone has provided inaccurate statements on documents, you must report it immediately so steps can be taken to correct the situation. You can report the issue by emailing Compliance_Audit_Risk@beaumont.org or you can remain anonymous and call the Trust Line at **800-805-2283**.



FREQUENTLY ASKED QUESTIONS | HIPAA PRIVACY

Who should I contact if I observe a privacy violation?

First, discuss your observation or concern with your leader. He/she may be able to address the issue. You may also call the Compliance Team or Privacy Officer, or use the Trust Line at **800-805-2283**. You should immediately notify the Privacy Officer or Compliance Team of a suspected PHI data breach.

Can I remove PHI from company property if needed to do my job?

Depending on your department procedures, you may be permitted to remove PHI from company property. You must have a business need to use the PHI off-site and you must have leadership approval to do so.

Are Beaumont Patient Medical Record Numbers considered PHI?

Yes. PHI by its simplest definition is any piece of information that identifies an individual. Since Beaumont uses an assigned member identifier to identify an individual, it is considered PHI. Further information regarding what is considered PHI is provided in the [Compliance With Federal and State Privacy Laws and Regulations Policy](#).

SECURITY IS EVERYBODY'S RESPONSIBILITY

Physician Responsibilities

Physicians are responsible for maintaining the confidentiality, integrity and availability of the protected data that we work with every day. This includes, but is not limited to, securing data and systems when not in use, ensuring that data requests are appropriate, and reporting security violations and suspected security violations to Information Security.

Privacy Depends on Security

Privacy and Information Security work hand-in-hand. Only by following good security practices and established policies can we continue to maintain privacy for our patients. Policy documents cannot cover every possible situation, but an understanding of these requirements and common sense will assist in making good decisions.

User ID and Password

You will be issued a unique ID for Beaumont's network/email and may be issued additional IDs for other applications as part of your work duties. You are ultimately responsible for all activity that occurs with your account, regardless of who is actually using it. Therefore, you will want to protect your IDs and passwords at all times. Do not share your password with anybody for any reason, use passwords that are hard to guess but easy to remember and change them regularly.

Computer Activity Logs

Activities involving ePHI on Beaumont's systems is recorded on logs and retained. At regular intervals, and when necessary, these logs will be reviewed and matched to user IDs. This is done for your safety as well as for the safety of our patients.

Physical Security of Computers

Do not neglect the physical security of your workstation or laptop. Make sure to position your computer – and yourself – so passwords cannot be easily seen by someone looking over your shoulder (called "shoulder surfing") and so passers-by cannot view sensitive data on your screen. Take extra precautions when traveling to ensure your laptop is kept safe at all times. Always lock your computer when you step away, even if it's for just a few minutes.

Copier and Fax Machine Precautions

Paper versions of PHI also need to be protected. When sending a fax, use the appropriate cover sheet, defining the data as PHI and identifying the recipient. When receiving a fax or printing a document, retrieve the document from the printer or fax machine as soon as possible. When you are not using the printout, lock it away. When finished with the data, destroy it in an appropriate fashion.

Sanctions

Violations of Information Security policies will be investigated by Information Security and/or the Compliance Team, with sanctions applied up to and including termination as appropriate.

Reporting Problems or Incidents

You may report any violations or suspected violations of Beaumont's security policies to the Compliance Team, Information Security or Privacy Officer or call the Trust Line at **800-805-2283**. All reports will be treated as confidential and fall under Beaumont's non-retaliation policy. If a Beaumont computing device or Beaumont information is lost or stolen, the user must immediately notify their manager and contact Information Security at information.security@beaumont.org.

? FREQUENTLY ASKED QUESTIONS | SECURITY

Is it permissible to send PHI through email?

Yes but only if the recipient is permitted to receive the PHI and the email is encrypted. Send only the minimal, necessary amount of PHI to accomplish the purpose of the disclosure. PHI must not be sent unencrypted outside of Beaumont networks.

Is it okay to give my password to my department manager or director?

No. Do not give your password to anybody for any reason. This includes managers, directors, senior leadership, help desk or other IT staff.

Who should I contact if I observe a security breach?

Please report any violations or suspected violations of Beaumont security policies to the Compliance Team, Information Security or Privacy Officer or call the Trust Line at **800-805-2283**.

Where can I find security-related policies, procedures and standards?

Security policies and related documents can be found on Beaumont's policy intranet, under Documents, PolicyTech.

KEY COMPLIANCE DOCUMENTS AND POLICIES

COMPLIANCE

- [Fraud, Waste and Abuse Prevention Program](#)
- [Business Ethics and Compliance Policy](#)
- [TrustLine Policy](#)
- [Code of Conduct](#)
- [Corporate Compliance Program](#)
- [Reporting Compliance Issues to the Compliance Office](#)
- [Sanction Screening](#)
- [Non-Retaliation and Whistleblower Protection Policy](#)
- [Conflict of Interest Program](#)
- [Nondiscrimination in Health Programs and Activities](#)
- [Compliance with WBH Corporate Integrity Agreement Requirements](#)
- [Management Certification of Compliance](#)
- [Risk Assessment](#)

HIPAA PRIVACY AND SECURITY

- [Compliance with Federal and State Privacy Laws](#)
- [Electronic Messaging Policy](#)
- [Electronic Communication Standard](#)
- [Identity Theft and Prevention Policy](#)
- [Friends and Family Access to Electronic Medical Records](#)
- [Mobile Device Security Standard](#)
- [PC and Laptop Security Standard](#)

CONTRACTS AND ARRANGEMENTS

- [Stark Law and Anti-Kickback Statute Awareness](#)
- [Fair Market Value Real Estate Arrangements with Referral Sources](#)
- [Focus Arrangements/Referral Source Agreements](#)
- [Medical Director Arrangements](#)
- [Office Space and Equipment – FULLTIME Lease and Equipment](#)
- [Office Space and Equipment – TIMESHARE Lease and Equipment](#)
- [Personal Services Arrangements](#)
- [Physician Contracting – Fair Market Value](#)
- [Physician Employment Arrangements](#)
- [Physician Recruitment Arrangements](#)
- [Rent Collection](#)

REGULATORY TRAINING

We work in a highly regulated environment—and for good reason. We are committed to excellence and quality when caring for our patients, family and each other. Regulations help set clear guidelines on how to provide that care in a safe and effective way. Regulations around safety and security directly protect and benefit physicians, hospital staff, patients and our workplaces.

CLINICAL LANGUAGE SERVICES

Over the years our patient population has become increasingly diverse. Patients may be limited in the ability to speak, read, write or understand English due to limited English proficiency, visual impairment (blind), or hearing impairment (deaf/hard of hearing). Effective communications and interpretation are needed for the safety of our patients to achieve the following:

- Avoid medical errors, unnecessary diagnostic tests and drug complications
- Help patients heal faster by participating in their own care
- Prevent rescheduling appointments or procedures
- Increase the chances for effective care for an LEP
- Save the organization time and money

Due to the serious level of medical (medical terms) and legal (privacy and disclosure) aspects required to service the patient, you need a trained individual to assist in the communication.

An **interpreter** is trained to convert **oral messages** from one language to another in a competent and accurate manner. A translator, one who converts **written text** from one language to another, **is not** qualified to assist.

The following **may not** be used as an interpreter:

- Friend, relative or family member
- A child of any age
- An unqualified bilingual staff member
- Staff who have taken foreign language as part of their graduate education

Patient family members can assist in communication needs for **non-clinical situations**:

- Addressing general questions regarding patient demographic information and family members
- Providing contact information, admission, registration, etc.
- Interpreting patient meal preferences
- Providing parking instructions
- Reviewing visitation hours

You must request a **qualified interpreter** for clinical situations where an interpreter trained in medical terminology can facilitate communications between the health care provider and the patient for the following reasons:

1. Explaining medications, medical procedures and treatments
2. Reviewing and signing legal documents and consent forms
3. Explaining instructions for pre- and post-op, and discharge
4. Asking for patient medical history

NOTE: If possible, arrange to meet the qualified interpreter for a brief meeting to provide you with a preview of what to expect before meeting with the patient.

When the services of a qualified interpreter are utilized you must document the following:

1. Interpreter Name or ID# if phone interpreter is used
2. Type of Service: In person Over the Phone or Video
3. Subject: Informed consent, DC instructions, etc.
4. Date and times used

Available services



Qualified
Bilingual Staff



Hospital Employed
& Agcy. Interpreters



Video Remote
Interpreter (VRI)



Over the
Phone



American Sign
Lang. Interpreter



FOR MORE INFORMATION:

Visit the [Clinical Language Services](#) page on the Beaumont intranet for more information on how to find an interpreter at a Beaumont facility, policies and additional resources.

ABUSE AND TRAFFICKING

While victims of abuse and trafficking may report to an emergency medical care facility, most victims will not discuss the abuse or the abuser with their doctor or any other person. In addition to the physical trauma, victims can suffer ensuing chronic health and behavioral problems—often untreated—such as depression, alcohol and substance abuse, sexually transmitted diseases, prostitution, and suicide attempts.

INTERPERSONAL ABUSE AND VIOLENCE INCLUDES:

- Intimate partner violence
- Sexual assault
- Child abuse
- Bullying
- Elder abuse
- Vulnerable adults (adults with mental or physical impairments)
- Trafficking – sex or labor

As a physician, it's important you identify signs of abuse in your patients and you have legal obligations to report these issues. Your legal obligations around reporting are detailed later in this section.

Intimate partner abuse

- Physical signs – bruises, physical injuries, black eyes, sprained wrists, red or purple marks on neck, lip wounds
- Withdrawn or unusually quiet
- Signs of fear
- Emotional signs of abuse – agitation, anxiety, apprehension, depression, low self-esteem
- Signs of control – having to ask permission to go anywhere, frequent calls or texts from partner, etc.

Vulnerable adult abuse, neglect or exploitation

- Complaint of being hit or slapped
- Burns, bruises, bed sores, signs of restraint use
- Complaint of sexual coercion or assault
- Complaint of withheld meals, hygiene, therapy, medications, physical aids
- Complaint of stolen possessions or money taken from bank accounts, controlling of finance
- Kept isolated, denied information, threatened

Child abuse

- Physical injuries – bruises, fractures, cuts, abrasions
- Changes in eating or sleeping habits
- School/behavior problems
- Violence to pets or others
- Fire setting
- Bodily complaints (e.g., upset stomach, headache)
- Suicide attempts or thoughts of suicide

Human Trafficking

As physicians, we should also be aware of various forms of human trafficking. These pose huge risks to the health and well-being of our patients. There are two types of human trafficking:

- **Labor trafficking** is the recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage or slavery.
- **Sex trafficking** is the recruitment, harboring, transportation, provision or obtaining of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud or coercion, or in which the person included to perform such is under the age of 18.

Human Trafficking Red Flags

Labor	Sex
Inappropriate work or living conditions	Psychological/physical injuries
Reports excessive daily work hours	Inappropriate attire for time of year or situation
Reports overcrowded or unsafe work conditions	Hyper vigilance
No control over finances and/or immigration documents	Flat affect
Reports being transported to and from work shift with group from same home	Hotel keys/cards, gift cards
No documentation	"branding" tattoos
Limited or no English and accompanied with English-speaking individual	Communicates with slang
	Extreme attachment to cell phone

Medical Care Providers responsibilities include:

Domestic Violence:

- MCL 750.411: Requires that medical care providers and institutions file police reports under specific circumstances involving people who are suffering from any violently inflicted wound or injury.
- Must report immediately to the police in the jurisdiction in which the hospital, pharmacy, physician or surgeon is located.

Child or Elder/Vulnerable Adult:

- Mandatory reporting for actual or suspected child abuse/neglect, elder or vulnerable adult abuse/neglect and/or financial exploitation
- Consult social work staff for guidance. Report suspicions to Adult or Children's Protective Services
- Refer to your site policies
- Law provides immunity for reporters

Reporting Abuse and Trafficking:

It is the expectation at Beaumont that if you have suspicion or evidence of abuse or trafficking, you contact a healthcare provider. It is your responsibility to follow your facility policy/protocol or use the following resources:

- Human trafficking tip line: 1-888-373-7888
- Text HELP or INFO to BEFree (233733)
- Or notify your local Police Department

SUICIDE AND LIGATURE RISKS

Suicide is a considerable health concern throughout the United States. As physicians, we must keep our patients and co-workers free from harming themselves. The CMS and accrediting bodies such as the Joint Commission have added expectations for organizations to keep patients free from harm.

Possible Risks

It is important to identify various items in a hospital environment that could be used by a patient to attempt or commit suicide by way of suffocation, overdose, hanging or other forms. Examples: *medications, breakable windows, accessible light fixtures, plastic bags, oxygen tubing, bell cords, coat hooks, power cords, door hinges, sharps, plastic bags.*



Mitigating Strategies

Behavioral health patients receiving medical care in a non-behavioral health setting (e.g., medical inpatient units, ED, ICU) must be protected when exhibiting suicidal ideation or harm to others. Examples of these safety measures are as follows:

- One-to-one monitoring with continuous visual observation
- Removal of sharp objects from the room or area
- Removal of equipment that may be used as a weapon
- All objects that pose a risk for self-harm that can be removed without adversely affecting the ability to deliver medical care should be removed (for example, remove oxygen tubing if patient does not require it)
- Utilizing a suicide precaution/environmental checklist
- If unsure of an object being a safety risk, **SPEAK UP** and ask for a second opinion
- This *Suicide Precaution/ Environmental Checklist* identifies steps that can be taken to minimize the risk for a patient to commit suicide

Initial when completed	ITEM		
	Remove clothing (e.g. coat, shirt, pants, shoes, shoelaces, belt/ribbons, scarfs/ties, socks/hosiery/tights; etc.)		
	Place patient in green gown		
	Sitter at bedside. General Suicide Precautions initiated.		
	Review Behavior Precaution Guidelines with Sitter. Document/sign form.		
	Remove personal items (e.g. nail polish/remover; pens/pencils/crayons; razors/scissors; markers/erasers; makeup; tweezers; mirrors; hair pins/hair ties; nail clippers; hair dryer/curling iron etc.).		
	Remove valuables (e.g. money; jewelry; watch; purse/wallet; headphones/earbuds etc.). <input type="checkbox"/> None		
	Remove patient's cell phone/laptop/charger cords <input type="checkbox"/> N/A - Patient does not have		
	Remove Cardiac Monitor Cords <input type="checkbox"/> N/A - Cardiac Monitor Ordered/Required		
Patient Room Preparation:			
Initial when completed		Initial when completed	
	Santi-wipes/Bleach Wipes removed		Plastic belonging bags removed
	C-Lockers/Cabinets Locked/Secured		No Medications are at bedside
	Cords of any kind removed (e.g. phone)		Gloves removed
	IV Tubing removed/IV equipment (e.g. poles) <input type="checkbox"/> N/A - Ordered/Required		O2 Tubing/cannulas/masks removed O2 flow meter removed <input type="checkbox"/> N/A - Ordered/Required
	Suction canister removed/Suction tubing removed		Hand sanitizer/Alcohol Foam removed
	B/P cuff equipment removed		No pins/tacks at care boards/bulletin boards
	Otoscope equipment/cords removed		Call light/TV cord removed
	Otoscope ear cover equipment removed		Trash/linen liners removed
	Ophthalmoscope equipment removed		Extra Linen removed
Complete Personal Property Record			
Contact Security/Secure Patient Items Ticket #:			
Send Medications to Pharmacy Ticket #: <input type="checkbox"/> N/A - Patient does not have any meds			
Verify Physician Order for Constant Observation			
Verify Social Work Consult Ordered			
Petition Completed			
Assure food preparation safety is maintained – Request Safety Meal Tray from Dietary when patient has diet order (e.g. no plastic liners; no straws; no metal cutlery; glass products). Disposable trays with bendable plastic cutlery only used.			
Signature: _____ Initials: _____ Date: _____ Time: _____			
Signature: _____ Initials: _____ Date: _____ Time: _____			
Signature: _____ Initials: _____ Date: _____ Time: _____			

Patient Sticker

SUICIDE/HOMICIDAL PRECAUTION CHECKLIST

Identifying Patients at Risk

All hospitals are required to develop a risk assessment tool appropriate for the patient population, care setting and staff competency.

- One screening tool that used at Beaumont is the Columbia suicide scale, which is an assessment tool used in clinical settings to determine a patient's risk of suicide
- Document the patients' overall level of risk for suicide and the plan to mitigate the risk for suicide
- Warning signs of suicide (subtle symptoms or cues) www.mentalhealth.gov and www.afsp.org
 - Talking about it
 - › Killing themselves or feeling hopeless
 - › Having no reason to live or being a burden to others
 - › Unbearable pain
 - Behavior
 - › Giving away prized possessions
 - › Withdrawing from activities and isolating themselves from family and friends
 - › Looking for a way to end their lives
 - › Increased use of alcohol or drugs
 - Mood
 - › Depression or anxiety
 - › Displaying extreme mood swings
 - › Showing rage or talking about seeking revenge


















FOR MORE INFORMATION:

Review the Beaumont Health Accreditation Team newsletter on [Recognizing Safety Risks and Reducing Harm](#).

EMERGENCY MANAGEMENT

All Beaumont facilities utilize a standard set of emergency event codes to alert staff, patients and visitors when necessary. Providers are responsible for knowing what each code means and the appropriate response actions to take, if any. Providers are also responsible for knowing your site-specific emergency number and should report emergency situations immediately. Notification methods include overhead announcements to notify all staff, patients and visitors, pages to designated personnel, or audible fire alarms.

Beaumont Emergency Codes

OVERHEAD ANNOUNCEMENT	DESCRIPTION	RESPONSE
 CODE RED	Fire	<ul style="list-style-type: none"> Rescue – Alarm – Contain – Extinguish Pull – Aim – Squeeze – Sweep do not use elevators return to department/assigned area
 MEDICAL ALERT	Medical emergency	<ul style="list-style-type: none"> call site medical number initiate BLS care if trained to do so
 SEVERE WEATHER ALERT	Tornado watch/warning; any type of severe weather	<ul style="list-style-type: none"> close curtains, move away from windows to protected area follow instructions for patient movement if announced
 SECURITY STAT	Physical management situation	<ul style="list-style-type: none"> protect self, visitors and patients from harm avoid location until All Clear is announced
 CODE BLACK	Bomb threat	<ul style="list-style-type: none"> search announced area/location report any unusual items immediately – do not disturb them evacuate as directed by Security
 AMBER ALERT	Missing child (patient or visitor)	<ul style="list-style-type: none"> secure all exits, conduct search for missing infant/child contact Security if sighted
 EXTERNAL INCIDENT - HAZMAT	Hospital has been notified of large influx of casualties from a single incident. HAZMAT announced if patients require decontamination	<ul style="list-style-type: none"> return to department/assigned area initiate department specific mass casualty protocols avoid decontamination area unless properly trained
SECURITY ALERT +		
 ACTIVE VIOLENCE/ SHOOTER	Can include any type of violence/weapon	<ul style="list-style-type: none"> secure immediate area until all clear given if in affected area – Run, Hide, Fight
 ELOPEMENT	Missing patient under elopement precautions	<ul style="list-style-type: none"> call site Security number conduct search, notify Security if patient located
 LOCKDOWN	Situation requiring Security to temporarily limit the movement of staff, patients and visitors within the facility	<ul style="list-style-type: none"> full lockdown – all facility access points closed partial lockdown – controlled access to facility, entrance/exit from announced area only unit specific – no entrance/exit to unit
 MISSING VULNERABLE ADULT	Missing cognitively impaired adult (visitor only)	<ul style="list-style-type: none"> search work area for missing adult contact Security if sighted
FACILITY ALERT +		
 SYSTEM/UTILITY FAILURE	Failure of IT application or utility. Specific system or utility will be announced after "Facility Alert"	<ul style="list-style-type: none"> follow response procedure for announced system
 CODE ORANGE	Internal hazardous spill	<ul style="list-style-type: none"> prohibit anyone from entering area contact Security all staff – avoid announced area of spill
 EVACUATION	Specific unit/area or full facility will be announced	<ul style="list-style-type: none"> leave immediate area if unsafe return to department or work area for further instructions
 ALL CLEAR	Previously announced incident has ended	<ul style="list-style-type: none"> return to normal operations

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Situational Awareness

In addition to codes, you should be aware of other indicators present in your environment.

- Behaviors to observe:
 - Verbal threats
 - “Victimized” mentality
 - Flat tires or damaged vehicles
 - Corrupt, threatening or disturbing emails
 - Documenting activities (e.g., texting, photographs)
 - Intimidation
 - Harassment
 - Frustration
 - Confusion
 - Hostility
 - Blame
 - Anger
- Be alert for objects, devices or vehicles in an unapproved location
- If you recognize something suspicious or out of place at any time, avoid touching or otherwise disturbing the item. Notify Security (at hospitals)
- Call 911, then Security (at ambulatory site or business office)



FOR MORE INFORMATION:

Visit [Emergency Management webpage](#) on the Beaumont Intranet.

HAZARD COMMUNICATION

The purpose of a Safety Data Sheet, formerly known as Material Safety Data Sheet, is to provide information on the hazards of working with a chemical and the procedures that should be followed to ensure safety.

Sections	Relevant information to the downstream users in order to comply with REACH regulation
1. Identification of the substance/mixture and of the company/undertaking	Identified uses, registration number of the substance
2. Hazard identification	Classification and labeling information: For substances according to both the Dangerous Substances Directive and CLP regulation until June 2015. For mixtures according the DPD until June 2015 and after that according CLP regulation Authorization number if relevant
3. Composition/information on ingredients	Hazards of the components of the preparation. Registration numbers of the components
4. First aid measures	–
5. Fire-fighting measures	–
6. Accidental release measures	–
7. Handling and storage	–
8. Exposure controls/personal protection	Exposure limit values (DNELs and PNECs) and risk management measures. Information must be consistent with the exposure scenarios
9. Physical and chemical properties	–
10. Stability and reactivity	–
11. Toxicological information	–
12. Ecological information	–
13. Disposal considerations	Information to be passed on to waste disposal organization
14. Transport information	–
15. Regulatory information	Information if the substance as such or in a mixture is subject to authorization or restriction. Information if the chemical safety assessment has been carried out
16. Other information	Recommended restriction of use
17. Annex (if chemical safety report is required)	Relevant exposure scenarios

Personal Protective Equipment

Personal Protective Equipment protects employees from the risk of chemical injury by creating a barrier against workplace hazards and/or illness. Gear includes:

- Gowns
- Masks
- Respirators (N-95/PAPRs)
- Gloves
- Goggles or face shields



Routes of Entry Into the Body

Chemicals enter the body through:

- Inhalation (nose)
- Skin contact
- Eye contact
- Ingestion (mouth)

FIRE & ELECTRICAL SAFETY

Healthcare facilities often have various items and conditions that could result in a fire if not managed effectively. Identifying common causes for workplace fires and electrical hazards can help to avoid or minimize the risk of a disaster.

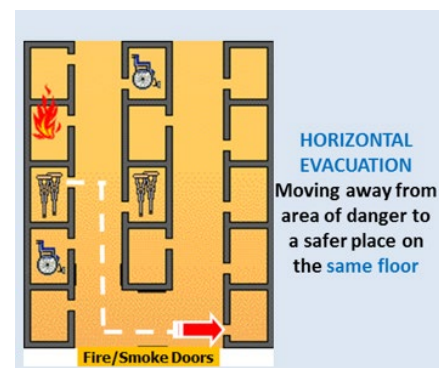
Common examples of potential hazards in the workplace:

- Alcohol-based hand rubs are flammable
- Elevators, lobbies, hallways and stairwells should be kept free of clutter to exit more easily

Evacuation

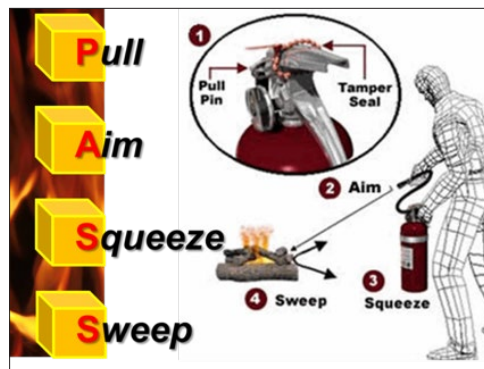
If there is a fire and you work around patients, expect to help transport them to a safe location. If you don't know the evacuation procedures for your area, discuss them with your manager. There are various types of evacuations depending on the scenario.

- **Horizontal Evacuation:** Moving away from area of danger to a safer place on the same floor
- **Vertical Evacuation:** Moving down the stairs to a lower floor or outside
- **External Evacuation:** Exiting the building to the outdoors
- Patients may need your help to evacuate. If possible, avoid using elevators



Using a Fire Extinguisher

The P-A-S-S acronym serves as a reminder of how to use a fire extinguisher.



INFECTION CONTROL

It is crucial to properly handle infection—both clinically and personally.

BASICS

There are a few simple things we can do as providers to prevent infection.

Hand Hygiene

Good hand hygiene protects our patients, you, co-workers and others. Clean your hands thoroughly and often, particularly before and after contact with a patient or patient environment. Cleaning your hands is the number-one way to prevent the spread of infection.

Hand hygiene should be performed:

- Before entering the patient's room
- Before and after:
 - Putting on gloves
 - Touching the patient or the patient's environment
 - Performing any invasive procedure
 - Providing patient care
- After exiting the patient's room *if there was contact with the patient or patient's environment*

There are two ways to perform hand hygiene:

1. Soap and water
2. Alcohol-based hand sanitizer

Both methods are acceptable practices except when hands are visibly soiled. Soap and water must be used when hands are visibly soiled.

Influenza

Influenza (flu) is a virus spread person-to-person by droplets. Airborne droplets are transmitted when a person with the flu coughs, sneezes or talks. These droplets can be inhaled into the lungs or land in the mouths or noses of people nearby. While less often, an uninfected person might also get infected with the flu when touching a surface or object that has the virus on it and then touching their own mouth or nose.

Annual influenza immunization is required for all employees, including, but not limited to, physicians, fellows, volunteers, students, contracted personnel and professional staff unless a medical contraindication or religious prohibition exists.



FOR MORE INFORMATION:

Review the [Authority Statement: Infection Prevention and Control](#) on the Beaumont intranet.

BLOODBORNE PATHOGENS

Bloodborne pathogens are pathogenic microorganisms present in human blood and body fluids that can cause disease in humans. These pathogens include, but are not limited to:

- Hepatitis B virus
- Hepatitis C virus
- Human Immunodeficiency Virus

Other potentially infectious materials

- Any body fluids visually contaminated with blood
- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Pericardial fluid
- Amniotic fluid
- Saliva from dental procedures

Exposure

An exposure incident is when someone else's body fluids enter your body while at work. This can happen through your eyes, nose, mouth, cuts, or getting stuck by a needle or sharp instrument. Exposures to blood/body fluids can occur during many job activities, such as:

- Laboratory specimen processing/transport
- Handling soiled articles
- Collecting/handling blood
- Handling sharps
- Giving injections
- Drawing blood
- Wound care

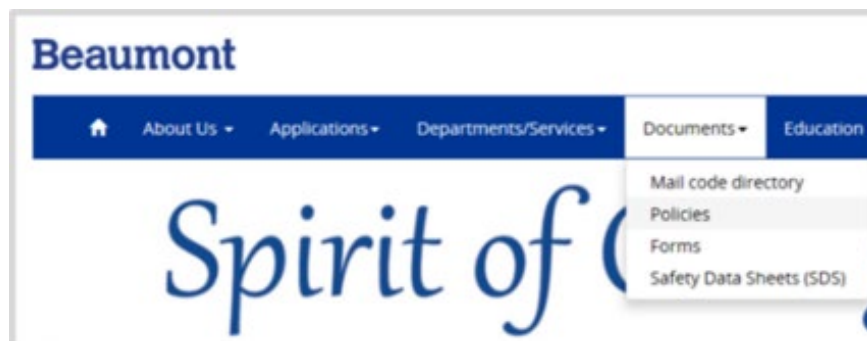
Exposure sources

1. Sharp item, contaminated with blood or body fluids
 - Needle (including acupuncture needles/guide tubes)
 - Surgical instrument
 - Glass
2. Splash of blood or body fluid into
 - Eyes
 - Nose
 - Mouth
3. Blood or body fluid spill onto non-intact skin
 - Wound
 - Cut or scrape
 - Dry cracked skin

Exposure Control Methods

It is important to know and use appropriate standards, practices and precautions, referred to as Exposure Control Methods, to protect the health and safety of our patients, you, co-workers and others. These include:

- Universal Precautions (included in Standard Precautions)
- Standard Operating Procedures
- Contingency Plan
- Engineering controls
- Work practice controls
- Personal Protective Equipment
- Housekeeping
 - Locate the **BBP Exposure Control Plan Policy** on the Beaumont.org website. Select the Document tab. Then click Policies.



Post-Exposure Evaluation

1. Immediately wash the area with soap and water and thoroughly rinse with water
2. Report to your supervisor or anyone in charge immediately
3. Fill out First Report of Injury Form
4. Employee should contact Employee Health or the Emergency Department for medical evaluation

Protecting yourself against BBP

- Hepatitis B
 - Vaccination available for all at-risk employees
 - Prophylaxis available
- Hepatitis C
 - No vaccine or prophylaxis available
- HIV
 - No vaccine available
 - Prophylaxis available but must be administered within 2 hours of exposure



FOR MORE INFORMATION:

Review the [Bloodborne Pathogens Exposure Control Plan](#) on the Beaumont intranet.

TRANSMISSION BASED PRECAUTIONS

Individuals can also encounter infection from airborne, droplet, and contact exposure.

Airborne

Patients with airborne diseases produce infectious particles so small that they can be inhaled deep into the lungs. These small particles stay suspended in the air for hours.

Diseases

- Measles
- Tuberculosis
- Chickenpox (Varicella) (in addition to contact)
- Disseminated Shingles (in addition to contact)

Precautions

- N-95 mask must be worn when entering an Airborne Precautions isolation room
- Employees with the potential to enter a room of patients in Airborne Precautions for tuberculosis must be fit tested annually to ensure proper size of N-95 mask
- A "fit check" should be performed each time a N-95 mask is worn to ensure proper seal
- A surgical mask should be worn by the patient during transportation in the hospital
- Patients requiring Airborne Precautions must be housed in a negative pressure room with an activated alarm and closed door

Droplet

Respiratory droplets do not spread far. Transmission occurs with inhalation of respiratory droplet or by contact with mucous membranes.

Diseases

- Influenza
- Bacterial Meningitis
- Pertussis (Whooping Cough)
- Mumps (infectious parotitis)

Precautions

- A surgical mask must be worn when you enter
- Eye protection, as part of standard precautions, is required if exposure to respiratory droplets is anticipated
- Negative pressure room not required
- Visitors should be offered a surgical mask with eye protection prior to entering the room

Contact

Situations

- Patients with resistant organisms or *C. difficile*
- Patients with bed bugs, scabies or lice
- **See Infection Prevention policy for complete listing**

Precautions

- Limit the transmission of organisms that can be spread to the patient by touch or contact with items in the environment
- Gloves and gown must be worn
- Door to the room may remain open

Tuberculosis

Tuberculosis is a bacterial infection caused by the organism *Mycobacterium tuberculosis*. TB is spread when an individual inhales particles containing the infection into the lungs. The organism is carried in tiny airborne particles, produced when persons with pulmonary or laryngeal TB sneeze, cough, speak or sing. People with the infection disease are most likely to spread it to people they spend time with every day, such as family members, friends and co-workers. Active disease results when TB overwhelms the immune system, and continues to grow and spread, causing illness.

Symptoms of TB infection

- Cough that lasts for longer than 2 weeks
- Pain in the chest
- Coughing up blood-tinged sputum
- Weakness or fatigue
- Weight loss
- Loss of appetite
- Night sweats

TB Surveillance

- TB screening for health care workers must be offered upon employment
- A TB skin test will be performed routinely for health care providers
- If you think you have been exposed to TB, report as soon as possible to your supervisor or to Employee Health

CONTRACTS AND ARRANGEMENTS

Contracts, arrangements and the laws surrounding them ensure physicians practice medicine in a fair and ethical way that's in the best interest of patients, providers and practices. Understanding how contracts and arrangements work empowers you to negotiate in a way that serves you best. It also provides some protection in an enforcement environment where battling health care fraud continues to be a national priority. Breaking these laws—intentionally or not—can impact your life both professionally and personally.

CONTRACTS AND ARRANGEMENTS

All physicians deal with some sort of contract. Contracts may include a real estate lease with a hospital entity, an independent contractor or a medical director agreement, an on-call agreement or an asset purchase agreement. All of these are covered by the Federal Stark and Anti-Kickback rules.

Many individual physicians and group practices are joining larger health care entities as employees. Others are forming or joining clinically integrated networks or independent practice associations.

Regardless of the form or type of employment, these arrangements are always formalized through contracts or agreements. It's very important to completely understand what the commitments and responsibilities and the laws that impact them.

HEALTHCARE LAWS

Three important contracting health care laws that all physicians should be aware of are the **False Claims Act**, **Stark Law**, and the **Anti-Kickback Statute**.

STARK LAW

Also known as the "Physician Self-Referral Law"—Stark Law exists to prohibit improper referral relationships that can harm Federal health care programs or patients by driving up costs. The Stark law is intended to address overutilization, increased costs and corruption of the medical decision-making process.

Stark Law accomplishes this purpose by prohibiting a physician from referring Medicare patients to certain entities, including hospitals, with which that physician, or their immediate family members, has a financial relationship.

Immediate Family Members include:

- Husband or wife
- Birth or adoptive parent, step-child, step-brother, or step-sister
- Father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law
- Grandparent or grandchild
- Spouse of grandparent or grandchild

Any claims billed to Medicare or Medicaid in violation of the Stark Law are tainted and must be returned regardless of knowledge of the violation and regardless of the amount paid to the referring physician.

With the Stark Law, intent is not an excuse. You do not need to know of or about the law to be held liable. You also do not need to intend to break the law either in order to be held responsible. When held liable, physicians can face a number of civil and professional penalties, including:

- Denial of Medicare claims for improperly referred services
- Refund / Overpayment requirements for Medicare claims
- Civil monetary penalties of up to \$15,000 per service
- False Claims Act liability with a potential of triple damages
- Stark Law violation can also result in exclusion from Medicare and Medicaid programs

Key questions to ask to identify Stark Law application:

#1 Is there a referral from a physician for a designated health service?

A referral is a request by a **physician** for an item or **designated health service** payable by Medicare or Medicaid.

- If you don't have a referral, there is no violation
- If you do have a referral from a physician or you are in a position to make a referral for a designated health service, then move to question number two

Definition of a Physician: *M.D., D.O., Dentist, Podiatrist, Optometrist, Chiropractor*

What are Designated Health Services:

- *Clinical laboratory*
- *Physical therapy*
- *Outpatient speech-language pathology*
- *Occupational therapy*
- *Radiology*
- *Radiation therapy*
- *DME*
- *Parenteral and enteral nutrients and supplements*
- *Prosthetics*
- *Orthotics and supplies*
- *Home health*
- *Outpatient prescript drugs*
- *Inpatient and outpatient hospital*

#2 Does the physician (or immediate family member) have a financial relationship with the entity providing the designated health service?

Financial relationships include ownership/investment interests, as well as compensation arrangements. Even if you may not have a financial relationship with the entity to which you are making referrals, if your immediate family member does, Stark Law can be implicated.

If you don't have these types of financial relationships, then the Stark Law is not applicable. However, you will still want to be mindful of the anti-kickback rule in the following section.

If you, or your immediate family member do have a financial relationship, move on to question 3.

#3 Does the financial relationship fit into a Stark Law exception?

You must fit squarely into one of many Stark Law exceptions when the law is implicated. The exceptions include, but are not limited to:

- Contracts for employment arrangements
- Space and equipment leases
- Personal services arrangements

There are specific requirements for each exception and ALL the requirements must be followed. Consult with your health care legal counsel about whether your arrangements meet all the requirements of an exception.

Many of the Stark Law exceptions require the services provided by the physician and paid for by a health care entity, like a hospital, must be at fair market value and must make clear sense from a business perspective.

Fair Market Value: Compensation or rate would be paid resulting from a bona fide bargaining between well informed parties, who are not in a position to generate business for the other party.

Commercial Reasonableness: While not technically defined in the rule, generally means the agreement between the parties must make good business sense.

EXAMPLE 1:

Chris is a veterinarian and looking for new office space for her animal clinic. She finds suitable space for the animal clinic that is next to and owned by a large pet store. As a savvy business person, she approaches the pet store with a negotiation strategy. She tells the pet store that her clinic will bring a large animal patient population to the site and it's likely that many of those animal patients (and their human owners) will stop by the pet store and make purchases as it will be really convenient for them to do so. The pet store agrees, and offers to significantly discount the rental rate it would otherwise charge. Smart, right? Makes good business sense and in retail, this probably isn't an issue. In health care, however, this is exactly the type of situation the Federal health care fraud rules are intended to address. If Chris were a **physician** looking for clinic office space, and a hospital where Chris refers patients, providing a significant discount on the real estate lease rate likely violates Stark Law. This is true even if Chris were to offer up the same argument; having a clinic space close to the hospital could make it convenient for patients to receive further care needing to be performed at the hospital. And, while that may very well be true, the Stark Law has been implemented to ensure that Chris's decisions and referrals for her patients are not tainted by any financial relationship with the hospital. While a discounted lease rate may not influence Chris at all, the law recognizes that it's a real possibility and requires that rental rates like these be at fair market value; and that these real estate lease agreements make good business sense for both the physician and the hospital.

EXAMPLE 2:

A Hospital was seeking to lease space. Even though there are other options available, the Hospital leases space to physicians at below market rates. Does it make good business sense for a hospital to enter into below market rate leases? No, why would they agree to accept lower rental rates than the market would allow? The low rental rate leases were entered into by the hospital to induce the physicians to send patients to the Hospital for hospital services. So what happened? This case illustrates the importance of both Fair Market Value and Commercial Reasonableness. The government concluded this did not meet commercial reasonableness; the settlement totaled \$1.5 Million.

If you do find yourself facing a Stark Law problem, consult with your health care legal counsel to determine how to proceed.

EXAMPLE 3

A medical center was found to have almost 100 cases of improper paperwork. Some contracts were missing, some were expired, and some were just missing signatures. Oversights and mistakes like these can cost medical centers millions of dollars to resolve and can put individual physicians at risk for violations too. In this real case, the medical center was required to pay \$3.2 million to resolve the incomplete paperwork issue.

ANTI-KICKBACK STATUTE

The Anti-Kickback Statute is one of the most well-known Federal fraud and abuse statutes because it has had major effects on the business side of the health care, pharmaceutical, and medical device sectors.

There are four key points to know about the AKS:

1. Prohibits

- You may not knowingly or willfully, offer, pay, solicit or receive anything of value to induce or reward referrals of Federal health care program business.
- You may not pay for referrals, offer or accept rebates, bribes, cash or other “in kind” remuneration from anyone.

2. Penalties

- Criminal with fines up to \$25,000 per violation
- Up to a 5-year prison term per violation
- AKS violations can also result in the following:
 - False Claims Act liability
 - Civil monetary penalties and program exclusion
 - Potential \$50,000 per violation
 - Civil assessment of up to three times the amount of kickback

3. Coverage

- The Federal AKS only applies to Federal Healthcare Programs (Medicare and Medicaid)
- Many states, including Michigan, have state laws that provide similar rules to the Federal AKS that include all patients no matter how their services are paid for

4. Exceptions

- If you structure your arrangement to fit inside a safe harbor, you’re protected from liability. Safe Harbors are voluntary and were created to protect certain practices without corrupt intent from prosecution.

EXAMPLE 4:

Joe is a cardiologist, and he has an internist physician friend. Joe has an idea: he’ll pay his friend for referring patients who have a Holter Monitor Test. Both know that this particular test needs to be interpreted by a cardiologist, and so long as the patients need these tests, why not pay an internist friend a small referral fee for sending those patients that need test interpretation. It’s a win-win, right?

It’s actually problematic. While there could be a number of purposes for this arrangement, if even *one* purpose is to induce referrals, then it constitutes a kickback. In this case, the physicians knew a payment was being made for the referral of the patient for the interpretation service.

This exact scenario has happened. The government presented evidence of specific intent by way of deposition where the cardiologist admitted that if he did not provide a fee to physicians like the internist friend, the physicians would not have referred those patient to him for the test

interpretation. This is a reminder of how Federal health care regulations are intended to level the playing field, anyone who pays a referral fee in this type of situation could be held liable for an AKS violation.

Following a jury trial in the United States District Court, the cardiologist in this example was convicted on 20 of 23 counts in an indictment charging violations of mail fraud, Medicare fraud, and false statement statutes. He appealed and lost.

EXAMPLE 5:

A doctor had a large Medicare patient population. When he determined a patient needed home health care, his staff provided the patient with 10 to 20 home health company brochures and let the patient independently choose one.

One home health company approached this Doctor with a cash-for-certification proposal after losing market share. The home health company agreed with the Doctor that when the doctor's patients selected that company for their home care services, the company would create a treatment plan for the patient and fill out a Medicare Certification Form 485 for the doctor's signature, both of which are required for Medicare reimbursement.

The home health care company met regularly with the Doctor and paid him \$400 for each signed certification and \$300 for each recertification (needed for home care beyond 60 days). The payments were made in cash, with no written contract or other formal payment record.

No one disputed the medical need for the home health services received by the patients or argued that the doctor influenced or directed patients' initial choice of that home health care company, and in fact, only a minority of his patients actually used that particular company.

Despite the relatively low frequency of this deal, there were some very real legal results.

The government began investigating the home health care company for health care fraud. That company agreed to cooperate in the investigation by recording telephone calls and meetings with physicians implicated in the scheme, including the doctor.

The Anti-Kickback Statute does not define "referral." The doctor argued that "refer" means the physician personally recommends that a patient seek care from a particular provider, and conversely that there is no "referral" when a patient independently chooses a provider, as was true in his case.

The Court did not see it that way and held that even if a patient had selected the home health company initially, the Doctor "referred" the patient to that company when he certified or recertified, via Form 485, that the patient needed care, that the care would be provided by that company, and that the company could be reimbursed by Medicare for services provided.

Additional factors considered by the Court included: the company gave the doctor \$1,000 cash payments and \$8,000 in loan forgiveness; the doctor provided no identifiable service to the

home health company other than signing the certifications and recertifications (there was no contract to document anything); and, on at least one occasion, the doctor refused to sign the certifications/recertifications because the company did not have the cash.

In this case, the doctor was charged criminally for the Anti-Kickback Statute violations, and in addition to \$31,900 in monetary fines and 200 hours of community service, he is facing eight months in prison (as of Sept. 2018).

The benefit here was not worth the risk. The company only paid the doctor \$28,500 over six years, yet he was charged criminally. It's a reminder that jail is a real risk, even in cases involving smaller dollar amounts.

Comparison of the Anti-Kickback Statute and Stark Law*

	THE ANTI-KICKBACK STATUTE (42 USC § 1320a-7b(b))	THE STARK LAW (42 USC § 1395nn)
Prohibition	Prohibits offering, paying, soliciting or receiving anything of value to induce or reward referrals or generate Federal health care program business	<ul style="list-style-type: none"> Prohibits a physician from referring Medicare patients for designated health services to an entity with which the physician (or immediate family member) has a financial relationship, unless an exception applies Prohibits the designated health services entity from submitting claims to Medicare for those services resulting from a prohibited referral
Referrals	Referrals from anyone	Referrals from a physician
Items/Services	Any items or services	Designated health services
Intent	Intent must be proven (knowing and willful)	No intent standard for overpayment (strict liability) Intent required for civil monetary penalties for <i>knowing</i> violations
Penalties	Criminals: <ul style="list-style-type: none"> Fines up to \$25,000 per violation Up to a 5 year prison term per violation Civil/Administrative: <ul style="list-style-type: none"> False Claims Act liability Civil monetary penalties and program exclusion Potential \$50,000 CMP per violation Civil assessment of up to three times amount of kickback 	Civil <ul style="list-style-type: none"> Overpayment/refund obligation False Claims Act liability Civil monetary penalties and program exclusion for knowing violations Potential \$15,000 CMP for each service Civil assessment of up to three times the amount claimed
Exceptions	Voluntary safe harbors	Mandatory exceptions
Federal Health Care Programs	All	Medicare/Medicaid

*This chart is for illustrative purposes only and is not a substitute for consulting the statutes and their regulations.

FALSE CLAIMS ACT

The False Claims Act is a Federal law that imposes liability on individuals and companies who defraud government programs. It applies to anyone submitting a claim for any item or service to any Federal program. In health care specifically, that means any creation or filing of a false record or claim that is funded by the US government or state health care system.

False claims are claims that you as the provider knew or should have known were false.

False claims include:

- Service is not rendered
- Service is already covered under another claim
- Service is miscoded
- Service is not supported by the patients' medical record
- Referrals for services that while medically necessary for the patient, are tainted by an improper relationship between a physician and the entity providing the service, in other words, those services that result from violations of the Stark and Anti-Kickback laws

One key element of the FCA is known as QUI TAM, which means "on behalf of." The FCA and some state false claim laws permit private citizens who have knowledge of fraud against the U.S./ state government to file a lawsuit.

In a qui tam action, people who are not affiliated with the government, called realtors or whistleblowers under the law, are allowed to file actions on behalf of the government.

Whistleblowers may be awarded 15-25% of the recovered amount, and with triple damages assessed for False Claims Act violations, these whistleblower awards can be very substantial. If the government does not assist with the lawsuit, the whistleblower is entitled to 25-30% of the recovery as well as legal fees and affiliated costs from the defendant.

The impact of a false claim violation has a direct effect on you as the provider.

- Penalties are up to three times the programs loss plus an additional \$11,000 per claim.
- Providers must repay identified overpayments to Medicare/Medicaid within 60 days or be subject to penalties
- You can also be excluded from participation in Medicare/Medicaid or other Federal health care programs
- You may face criminal charges if you're found liable

This law does not target innocent billing mistakes. Being informed, diligent, and practicing ethically, will eliminate risk.



FOR MORE INFORMATION:

See the Compliance Resource Portal on [Office of Inspector General's website.](#)



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