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PATIENT CARE

PNHS is committed to achieving the best possible outcomes for our patients and adhering to the highest professional standards. To create the best possible patient experience and remain consistent with this vision, all staff must follow certain ethical, legal and professional standards when working with patients.

EMTALA

PNHS is required by law to provide an emergency medical screening to patients who present to Methodist Hospital and request examination and treatment, regardless of the patients' ability to pay. If a patient has an emergency medical condition, staff must provide stabilizing treatment or an appropriate transfer to another facility.

In general, staff may not question the patient or any member of his or her family concerning insurance, credit or payment of charges, if doing so would delay the provision of a medical screening examination. In some cases, staff may need to wait until the medical screening examination occurs and the patient's condition is stabilized before requesting insurance information. (See PNHS Policy [A.19-HSM-8201-0498](#) [Emergency Medical Treatment and Active Labor Act].)

Patient privacy

All PNHS patients have a right to considerate care that protects their dignity and privacy. We are committed to safeguarding this right in all aspects of our patient care environment, including patient rooms, emergency areas and waiting rooms. We should all remain mindful of this commitment as we go about our job duties.

Reasonable access to care

PNHS will provide patients with fair and reasonable access to care, so long as that care is within our capacity, mission, philosophy and the requirements of the law. We do not discriminate on the basis of a patient's race, creed, color, age, sex, marital status, national origin, religion, sexual orientation, gender identity, physical or mental disability, veteran status or medical assistance status. If, for some reason, we cannot provide the care a patient needs or requests, staff should fully inform the patient about his or her condition and possible alternatives for care. (See Patient Bill of Rights.)

Respecting a patient's personal values and beliefs

Minnesota's population is always changing. PNHS recognizes that a patient's spiritual and cultural values may affect his or her response to care. PNHS staff should strive to respect each patient's spiritual and cultural values and ensure that information and care are delivered in a way that acknowledges those values. (See Patient Bill of Rights.)

Respecting family involvement and the designation of surrogate decision makers

Patients may or may not choose to involve family members or surrogate decision-makers in their care. When a family member or surrogate decision-maker is involved in a patient's care decisions, PNHS staff should treat the family member or surrogate decision-maker with the same respect and dignity they offer to patients. You should remember, even patients who are unable to make care decisions on their own should still be involved in discussions about their care to the extent they are able. (See PNHS Policy [A.65-HSM-8500-0898](#) [Health Care Directives]; PNHS Policy [A.63-MH-8500-0898](#) [Patient Self-Determination].)

Informed participation in care decisions

PNHS recognizes and respects a patient's right to participate in decisions involving his or her care. To make fully-informed decisions, patients need to have as much information as possible regarding their medical condition, treatment options and likely outcomes. PNHS staff should take care to provide patients with a clear and concise explanation of:

- their condition and recommended care
- potential benefits and drawbacks of the recommended care and recuperation
- probable consequences of refusing care or failing to cooperate with the recommended care
- significant alternative treatments or procedures

To ensure patients can fully participate in decisions regarding their care, you should ensure information is provided in a language that is understandable to the patient, and refer patients and their families to additional resources, as needed. PNHS Interpreter Services serves patients and families who need either a spoken or sign language interpreter. Questions regarding interpretive services should be directed to PNHS Interpreter Services, 952-993-7055.

WORK ENVIRONMENT

PNHS recognizes that excellent health care is delivered when people are proud of their work and their colleagues. As such, PNHS is committed to providing a safe, healthy and productive work environment for all staff.

Equal opportunity and diversity

PNHS recognizes the freedom, rights and dignity to which each PNHS staff and applicants for employment are entitled. PNHS does not and will not make employment decisions based on race, creed, color, age, sex, marital status, national origin, religion, sexual orientation, gender identity, physical or mental disability, veteran status or with regard to public assistance. (See PNHS Policy [I.01-HSM-8250-0197](#) [Equal Employment Opportunity].)

Harassment-free work environment

PNHS does not tolerate any form of harassment. Harassment can be verbal, physical or visual behavior where the purpose or effect is to create an offensive, hostile or intimidating environment. Harassment also may be sexual. Sexual harassment includes threatening or insinuating, either explicitly or implicitly, that the refusal to submit to sexual advances will adversely affect any condition of employment or career development. (See PNHS Policy [I.54-HSM-8250-0197](#) [Harassment and Offensive Behavior].)

Workplace violence

PNHS is committed to protecting employees and maintaining a workplace environment free from violence. Violence can be either real or implied, and includes actions such as verbal or physical threats, carrying a potentially dangerous weapon, acts of physical assault, following or stalking, threatening telephone calls or letters, verbal and non-verbal threats and vandalism. Any staff who feels they have been the subject of violence, believes they are at risk of experiencing violent behavior, or who becomes aware of an incident of violence, whether by witnessing the incident or being told of it, should report it immediately to:

- any manager or supervisor
- Safety and Security at Methodist Hospital, 952-993-5101, or Park Nicollet Clinic—St. Louis Park, 952-993-1777
- PNHS Employee/Relations, 952-993-6507
- PNHS Employee Health and Occupational Safety, 952-993-5080
- Employee Assistance Program (EAP), 651-451-9108

(See PNHS Policy [I.58-HSM-8250-0098](#) [Workplace Violence].)

Health and safety practices

Your health and safety are vital to the overall success of PNHS. As such, PNHS works to maintain a safe and healthy environment for staff, patients and visitors. It is the responsibility of all staff to follow the workplace health and safety laws, and health and safety policies.

As staff, you are responsible for:

- immediately reporting unsafe work acts or conditions to your supervisor
- participating in safety meetings and training
- maintaining equipment
- performing job tasks in a responsible and professional manner

Tobacco-free work environment

PNHS believes smoking and the use of any tobacco products is a leading cause of preventable death and disease, as well as an ongoing health hazard to individuals subjected to secondhand smoke. To assure a safe and healthy environment, smoking and tobacco use is prohibited on all PNHS owned and leased properties, in PNHS vehicles and in private vehicles parked on PNHS property. Tobacco products include, but are not limited to, cigarettes, cigars, pipe tobacco and chewing tobacco. (See PNHS [Policy H.08-HSM-8650-0998](#) [Tobacco-Free Environment].)

Tobacco cessation programs are available to all PNHS employees. If you are interested in participating in this type of program, please call PNHS Employee Occupational Health and Safety, 952-993-5080.

Drugs and alcohol in the workplace

PNHS is committed to maintaining an environment free from the influence of alcohol and illegal drugs. PNHS prohibits the use, possession, transfer and sale of alcohol and illegal drugs on all PNHS owned and leased properties, in PNHS vehicles and in private vehicles parked on PNHS property. PNHS also prohibits staff from performing any of their duties while under the influence of alcohol or illegal drugs, and from misusing any prescription drugs, including but not limited to, controlled substances. Misuse of a prescription drug includes any activity that permits any individual in violation of state or federal law to buy, sell, obtain or use any prescription drug. Any staff who appears to be under the influence of alcohol or illegal drugs while working on behalf of PNHS, or who misuses a prescription drug, may be subject to disciplinary action up to and including termination. (See PNHS Policy [I.23-HSM-2850-0197](#) [Discipline and Discharge]; PNHS Policy [I.09-HSM-8250-1299](#) [Drug Testing for Contracted Employees]; PNHS Policy [I.08-HSM-8250-0197](#) [Drug Testing for Non-Contract Employees].)

Environmental protection

PNHS must comply with environmental laws that regulate the handling, release, reporting, transporting and disposal of hazardous waste. PNHS staff who handle hazardous materials or waste must be knowledgeable about these materials and the environmental regulations affecting them.

MANDATORY EDUCATION

PNHS is committed to expanding knowledge through education. Each year all PNHS staff are required to complete mandatory training in compliance, HIPAA, general confidentiality practices, emergency management, harassment and offensive behavior, and workplace violence. You also may be required to take additional mandatory training courses that relate to your job function. If you are unsure what education programs you are required to complete, ask your manager or supervisor. You also may access this information through [the Learning Point](#) (tLP) on Facets.

The completion of mandatory education classes is a condition of all staff employment at PNHS. Failure to complete these classes could result in disciplinary action, up to and including termination. (See PNHS Policy [I.06-HSM-8201-0999](#) [System Wide Mandatory Education].)

CONFLICTS OF INTEREST

In all business dealings, PNHS strives to be honest and fair. There are times when staff must evaluate whether or not their activities may potentially conflict with PNHS business activities and interests. A conflict of interest, as defined in the Conflicts of Interest policy exists whenever staff members act to benefit himself or herself or a relative directly or indirectly (for example, through a friend or relative) by using authority or inside information, or when the individual uses authority or information to make a decision that intentionally affects PNHS or its patients adversely. It is PNHS policy that staff disclose all potential conflicts of interest to their supervisor, the PNHS Chief Compliance Officer or the PNHS Compliance Hotline. If you have any doubt or concern about whether specific conduct or activities present a conflict of interest or are otherwise ethical or appropriate, you should contact the PNHS Chief Compliance Officer or the PNHS Compliance Hotline at 1-855-246-PNHS (7647). (See PNHS Policy [A.77-HSM-8201-0804](#) [Conflicts of Interest].) The policy provides some common examples in which conflicts could arise.

All affected employees are expected to use the [Statement Regarding Conflicts of Interest 18781](#) to disclose any potential or actual conflicts on an ongoing basis as they arise. New PNHS staff members will be asked to disclose all potential or actual conflicts of interest during their New Employee Orientation. Newly credentialed staff will receive conflict of interest information in their credentialing packets and be asked to disclose any potential or actual conflicts of interest at that time and continue to report them as needed on an ongoing basis. Credentialed staff also are expected to complete the form to indicate that no potential or actual conflicts exist, if that is the case.

In addition, to minimize the influence of any conflicts that arise from consulting and speaking relationships that staff may have with outside organizations, a policy, [A.63-HSM-8201-0908](#) [Staff and Clinician Outside Consulting and Speaking Relationships] has been created to provide requirements regarding these relationships.

GIFTS AND ENTERTAINMENT

1. *Gifts from patients*

- PNHS staff are prohibited from soliciting or accepting gifts and entertainment from patients. However, small tokens of appreciation such as cards, flowers or candy may be accepted. If a patient or a patient's family wishes to recognize staff with other types of gifts or entertainment, you should contact the PNHS Foundation, 952-993-5023 and help facilitate contact between the patient or patient's family and the Foundation. (See PNHS Policy [A.62-HSM-8220-0898](#) [Contributions to Park Nicollet Health Services]; PNHS Policy [I.55-HSM-8250-0197](#) [Gift Acceptance from Patient].)

2. *Gifts from vendors and vendor sponsored entertainment*

- A. Health Care Industry Representative (HCIR): HCIR refers to any individual representing any vendor, manufacturer, distributor, contractor, service company or any other organization that sells or provides products or services to PNHS including its Staff and any agents acting on behalf of PNHS in purchasing or using products and providing services. HCIRs perform marketing activities, manage contract sales, generate other sales, provide quotes, demonstrate products, solve problems, advise clients on matters, or perform many other duties generally associated with their company. Examples of HCIRs may include, but are not limited to, marketing and sales roles, such as office product, technology hardware and software, business support services, pharmaceutical or device sales.
- B. PNHS Staff are prohibited from accepting any gifts or meal offered or provided by HCIRs at any PNHS facility. PNHS requests that Staff use their best professional judgment regarding gifts or meals offered or provided by HCIRs when not at a PNHS facility.
HCIRs may distribute product, educational, and other literature or electronic materials (such as CDs) to PNHS Staff in PNHS facilities. Distribution of such materials may occur in specially-designated areas at PNHS-sponsored CME events and at scheduled appointments with Staff (subject to all requirements in the Health Care Industry Representative (HCIR) Relationships (M.14-HSM-8072-0301)).
- C. If any PNHS staff member has a question as to whether acceptance of a gift that is offered would be in violation of this policy they are to call the Chief Compliance Officer (952-993-5742) or the Compliance Hotline 1-855-246-PNHS (7647) for assistance.

Gifts: Gifts are defined as items of any type or size (including pens and pads), payments, meals, drinks, books, all forms of entertainment, or any other materials of any value given voluntarily by a party to any PNHS Staff without payment in return of equal value.

PNHS Policy [A.68-HSM-8201-0899](#) [Gifts, Gratuities and Entertainment] NOTE: Frequently Asked Questions regarding PNHS staff acceptance of gifts and vendor merchandise and relationships with health care industry representatives and other vendors is attached to this policy and may be a useful reference.

3. Offering gifts to vendors/customers/government officials

- PNHS staff must not seek to gain any business advantage through the improper use of gifts, entertainment or other inducements. Nor may they offer, provide or approve of gifts, gratuities or entertainment for government officials without prior written approval of the PNHS Chief Compliance Officer and the Risk Management department.
- Appropriate rebates, discounts and allowances may be acceptable provided they are approved by PNHS management and they do not constitute illegal or unethical payments. In addition, you may provide gifts, entertainment and meals of nominal value to PNHS customers, current and prospective business partners and other persons only when such activities have a legitimate business purpose, are reasonable and are consistent with all applicable laws.

CONTRACTS AND PURCHASING

The Purchasing and Compliance and Contracting departments are responsible for writing, managing and evaluating PNHS contracts and agreements. Centralizing contract management in these departments allows PNHS to ensure the safety, quality, consistency, compliance and value of all goods and services purchased and delivered. If you receive a contract or agreement from a vendor or supplier, or would like to enter into a contract on behalf of PNHS, you should contact:

- Purchasing – 952-993-6038
- Compliance and Contracting – 952-993-6236

Only certain individuals at PNHS have the authority to sign contracts on behalf of the organization. Please see the [Chart of Approval Authority](#) on Facets to help you determine who within the organization is authorized to sign a specific contract. (See PNHS Policy [M.01-HSM-8201-0396](#) [Commitment Authority].)

PRIVACY, CONFIDENTIALITY AND INFORMATION SECURITY

PNHS staff are in possession of, and have access to, a broad variety of confidential, sensitive and proprietary information. Inappropriate use or disclosure of this information could be injurious to PNHS patients, PNHS business partners or to PNHS itself. You have an obligation to protect and safeguard confidential, sensitive and proprietary information in a manner designed to prevent the unauthorized use or disclosure of such information.

Privacy of patient information

All PNHS staff have a responsibility to protect the privacy and security of protected health information. Protected health information includes all individually identifiable health information relating to the health, treatment or payment for treatment of a patient. To protect PNHS patients from the misuse of their information, access to patient information is limited only to those staff who have a legitimate patient care or business reason to know such information. PNHS staff should not access more than the minimum necessary protected health information, and such information may be used or disclosed only in accordance with the patient's consent, PNHS policy, or state or federal laws. In addition, PNHS staff must abide by applicable security policies and procedures to ensure that electronic protected health information is secure. A staff member who inappropriately accesses, uses or discloses protected health information may be subject to disciplinary action, in addition to possible civil or criminal sanctions. If you become aware of an unauthorized use or disclosure, you should report it immediately to your supervisor, the PNHS Chief Compliance Officer or the PNHS Compliance Hotline, 1-855-246-PNHS (7647). (See PNHS Policy [I.53-HSM-8250-1098](#) [Confidentiality]; PNHS Policy [J.58-HSM-8420-0704](#) [Information System Security Incident Management Program]; PNHS Policy [J.37-HSM-8201-0802](#) [Privacy and Security of Protected Health Information]; PNHS Policy [J.01-HSM-8510-0596](#) [Release of Medical Record Information]; PNHS Policy [J.18-HSM-8510-0900](#) [Facsimile Transmission of Health Information]; PNHS Policy [L.07-HSM-8201-0703](#) [Marketing and Communications Materials and Protected Health Information].)

Communication with or concerning patients

All communications with patients should be conducted in a manner that respects the patient's right to privacy. Telephone conversations, telephone or voice mail messages, faxes, e-mails or electronic messaging with patients or involving protected health information must be conducted in a secure environment and in accordance with PNHS policies. (See PNHS Policy [I.53-HSM-8250-1098](#) [Confidentiality]; PNHS Policy [J.37-HSM-8201-0802](#) [Privacy and Security of Protected Health Information]; PNHS Policy [J.01-HSM-8510-0596](#) [Release of Medical Record Information].)

Proprietary information

PNHS produces valuable, non-public ideas, strategies and other kinds of business information. This information is called “proprietary information,” which means PNHS owns the information. We all must work to protect PNHS proprietary information from improper use and disclosure, including ensuring that:

- proprietary information is not revealed outside the context of job duties
- documents and other records are retained in accordance with the requirements of the law and PNHS policies
- PNHS proprietary information is not used for personal gain or benefit

(See PNHS Policy [I.53-HSM-8250-1098](#) [Confidentiality].)

Employee information

Compensation, benefit, employee health and other personnel information relating to PNHS staff is confidential. Personnel files, credentialing files, compensation information, disciplinary matters and similar information are maintained in a manner designed to ensure confidentiality and in accordance with applicable laws. You should take care not to release or share this type of information with anyone other than those PNHS staff who need to know such information to fulfill their job responsibilities. (See PNHS Policy [J.47-HSM-8201-0403](#) [Protecting Employee Protected Health Information].)

COMMUNICATIONS WITH THE MEDIA/PUBLIC

PNHS staff have a right to give their opinions on political and social issues in their private capacity as members of the community. However, staff should make sure their personal views are not presented or interpreted as PNHS policy. You should never make an official comment on matters relating to PNHS, unless it is part of your job function. You should not release private, confidential, employee related or proprietary information, unless you have the authority to do so. (See PNHS Policy [I.79-HSM-8201-0402](#) [Lobbying and Political Activities].)

If you receive a call from the media, you should page Media Relations in Marketing and Communications. Media Relations is on call 24 hours a day, 7 days a week and available via pager, 952-231-5028 or 952-231-5029. (See PNHS Policy [L.06-HSM-8210-0300](#) [Media Inquiries].)

FINANCIAL DISCLOSURE, INFORMATION AND RESOURCES

PNHS is committed to improving the health of our community and making prudent use of the resources our community has entrusted to us. All staff are expected to safeguard PNHS resources, as well as maintain the accuracy of financial records and reports so they accurately reflect PNHS business.

Financial reporting/proper accounting practices

PNHS maintains its books and records in a manner that accurately reflects PNHS business. False, fictitious or misleading account entries intended to conceal or disguise unlawful or questionable payments or transactions are prohibited.

PNHS financial auditors have responsibility for determining whether PNHS' financial statements are presented fairly and accurately. You should fully cooperate with these auditors by responding promptly, accurately and completely to their inquiries.

Cost reporting

Each year Methodist Hospital files a cost report with Medicare. This cost report determines the actual cost Methodist Hospital incurred while providing care to Medicare patients, which Medicare uses to determine current and future payment levels.

Staff members must create a Medicare cost report that is compliant with Medicare regulations and properly reflects Methodist Hospital's costs and charge structure. All costs must be properly classified, allocated to the appropriate cost centers and supported by verifiable data. Any errors discovered in the preparation or submission of cost reports must be corrected in a timely and accurate manner.

(See PNHS Policy [A.27-HSM-8201-0498](#) [Medicare/Medicaid Cost Reporting].)

Protection of company assets

PNHS staff should not use PNHS assets for personal use and should protect such assets from unauthorized use, theft, fraud, loss, disclosure or disposal. PNHS assets include, but are not limited to, medical equipment and supplies, furniture, office supplies, intellectual property, files, manuals, guides, reports, forms, policies, computer programs, software, data processing systems, databases and other property. PNHS staff should follow applicable copyright, patent, trademark and marketing laws in electronic and printed publications. PNHS staff may not copy, install or share software or take other acts that would violate PNHS policies or license agreements.

PNHS assets also include the PNHS e-mail system and Internet connection. You should avoid using PNHS e-mail or Internet connection for your personal use, unless otherwise authorized to do so pursuant to PNHS policy. (See PNHS Policy [J.16-HSM-8120-0101](#) [E-Mail Use]; PNHS Policy [J.17-HSM-8120-0101](#) [Internet Use]; PNHS Policy [J.54-HSM-8420-0304](#) [Protection from Malicious Software]; PNHS Policy [J.24-HSM-8120-0901](#) [Workstation Use].)

BILLING, CODING AND DOCUMENTATION

PNHS is committed to performing all billing activities in a manner consistent with Medicare, Medicaid and all other third-party payor regulations and requirements. The following actions are **unacceptable** when billing patients, third-party payors and others, including Medicare and Medicaid:

- billing for services not provided
- misrepresenting the actual services provided
- knowingly making false statements for use in determining or obtaining rights, benefits or payment
- knowingly concealing or failing to disclose an event that would affect the right to payment, would cause fraudulent payments or would cause payment in an amount greater than what is due
- knowingly violating the terms of a benefit assignment or agreement with a payor
- knowingly billing, claiming or receiving payment for services that are not medically necessary (as defined by the payor), or are not billed according to applicable regulations
- billing for services provided by an improper person, such as a person excluded from participating in Medicare

PNHS bills for many types of specialized services each with their own unique billing requirements. PNHS staff who provide services or are involved with billing for these specialized types of services are responsible for knowing and abiding by the billing requirements unique to the type of service provided. If you have any questions about billing or coding, contact PNHS Business Services, 952-993-7672.

(See PNHS Policy [A.34-HSM-8201-0498](#) [Billing for Consultation Practices]; PNHS Policy [A.33-HSM-8201-0498](#) [Billing for Investigational Non-covered Medical Devices]; PNHS Policy [A.29-HSM-8201-0498](#) [Certification/Establishment of Home Health Services Plans]; PNHS Policy [A.31-HSM-8201-0498](#) [Certification of Medical Necessity for Durable Medical Equipment]; PNHS Policy [L.03-HSM-8250-0197](#) [Discharge Planning/Care Continuity]; PNHS Policy [A.21-HSM-8201-0498](#) [Medicare/Medicaid/Tricare Billing]; PNHS Policy [A.25-HSM-8201-0498](#) [Medicare/Medicaid/Tricare Billing for Inpatient/Observation Services]; PNHS Policy [A.26-HSM-8201-0498](#) [Medicare/Medicaid/Tricare Billing for Professional Services]; PNHS Policy [A.69-HSM-8201-0999](#) [Physician Professional Services Supplied and Furnished as “Incident To”]; PNHS Policy [A.23-HSM-8201-0498](#) [Teaching Physician Billing Rules].)

Documentation

Timely, accurate and complete documentation of patient care is critical to nearly every aspect of PNHS’ business practices. In addition to facilitating high-quality patient care, a properly documented medical record verifies and documents precisely what services were actually provided and thereby forms the basis for the bills PNHS submits to third party payors.

The PNHS Compliance Review and Education department provides ongoing training and education programs regarding appropriate clinical documentation. If you have any questions regarding documentation, please call Compliance Review and Education, 952-993-7532.

Reasonable and medically necessary services

Medicare defines reasonable and necessary services or supplies as those that are proper and needed for the diagnosis or treatment of a medical condition.

PNHS recognizes clinical practitioners should be able to order any tests, including screening tests, they believe are reasonable and necessary for the treatment of their patients. However, PNHS also recognizes Medicare only will pay for services that meet Medicare's definition of reasonable and necessary. In some instances, the practitioner's clinical definition of reasonable and necessary and Medicare's definition of reasonable and necessary may not be the same. In these situations, PNHS will bill Medicare only for those services that meet the Medicare definition of reasonable and necessary, and will obtain an advance beneficiary notice from the patient in order to bill the patient for such services.

Billing for residents and fellows

As part of its mission, values and vision, PNHS is committed to expanding knowledge through education. Every year hundreds of students, residents and fellows come to PNHS to further their medical education. Federal law prohibits PNHS from billing for services provided by students, but allows PNHS to bill for certain services provided by residents and fellows, so long as specific conditions are met.

Generally, if a resident or fellow participates in a service furnished in a teaching setting, the teaching physician should be present during the key portions of the services or procedures for which payment is being sought, or, in case of surgical, high risk or other complex procedures, during all critical portions of the procedure. The medical record must document that the teaching physician was present at the appropriate time and the appropriate modifier must be noted on the invoice.

If you have any questions regarding billing for residents and fellows, contact the Compliance Review and Education department, 952-993-7532. (See PNHS Policy [A.23-HSM-8201-0498](#) [Teaching Physician Billing Rules].)

Advance beneficiary notices

PNHS will attempt to obtain a signed Advance Beneficiary Notice (ABN) from patients with Medicare or other insurance when appropriate. An ABN is a written notice used to notify patients before a service is provided that PNHS expects Medicare (or other insurance) to deny coverage due to medical necessity or frequency limitations. PNHS staff should not routinely give ABNs to all Medicare patients. Instead, staff should use ABNs in specific cases and for specific services where Medicare or other payers are expected to deny payment. Staff should not ask a patient to sign an ABN if the patient is incapable of understanding the notice, under

great duress or in an emergency situation. ABNs should not be used for items and services that are never reimbursed by Medicare, such as personal comfort items.

ABN requirements can be found on the Compliance and Contracting Web site on Facets. Staff who are not sure if an ABN is required can check the [PNHS ABN Web tool](#) on Facets. This tool will help you to determine if a test and an ICD-9 diagnosis code require a patient to sign an ABN. (See PNHS Policy [A.32-HSM-8201-0901](#) [Advance Beneficiary Notices].)

GOVERNMENT OFFICIALS/GOVERNMENT PROGRAMS

The health care industry is highly regulated. Each year, PNHS does business with numerous state and federal government agencies, including the Minnesota Department of Health, the Minnesota Department of Human Services, the Centers for Medicare and Medicaid Services, the Office of the Inspector General, the Internal Revenue Service and many others. PNHS is committed to maintaining an open, constructive and professional relationship with all government officials.

Contact with government officials

Because PNHS activities are regulated by state and federal agencies, PNHS staff may come into contact with government officials responsible for enforcing the law. PNHS staff who have contact with government officials must make thoughtful, honest and accurate statements to those officials. It is not appropriate for you or any PNHS staff to provide false or misleading statements to a government official.

To the extent practicable, you should avoid answering any questions or producing any documents to government officials before discussing the request with PNHS Compliance and Contracting or PNHS legal counsel. Moreover, you should notify the PNHS Chief Compliance Officer as soon as possible of any contact with a government official that is not within the normal course of business. (See PNHS Policy [A.11-HSM-8201-0498](#) [Government Inspections and Investigations].)

Exclusion and debarment from government programs

To be reimbursed for services by government payors, PNHS must comply with the requirements for government program participation. Among other things, PNHS must assure that staff, contractors and vendors have not been excluded or debarred from government program participation. If you have been excluded from providing services in connection with government programs, or you have reason to believe a PNHS employee, contractor or vendor has been excluded from participation, you are required to notify the PNHS Chief Compliance Officer or the PNHS Compliance Hotline, 1-855-246-PNHS (7647). (See PNHS Policy OIG Excluded Providers and Entities [A.79-HSM-8201-0806](#))

LEGAL COMPLIANCE

PNHS is continually striving to ensure all activities conducted by PNHS or on its behalf are in compliance with applicable laws. You are required to comply with all applicable laws, even if they are not addressed in this code. If at anytime, you have questions you should call the PNHS Chief Compliance Officer or the Compliance Hotline, 1-855-246-PNHS (7647).

Antitrust laws

State and federal antitrust laws are designed to preserve and foster fair and honest competition between businesses. The language of these laws is deliberately broad, prohibiting such activities as unfair methods of competition and restraint of trade. Examples of prohibited activities include:

- agreements or understandings, no matter how informal, with a competitor about the price of a product or service
- simple exchange of price, cost, profit or market information between or among competitors
- agreements with competitors to allocate markets, business opportunities, territories or customers
- agreements with competitors to discontinue services or markets or not deal with particular customers
- refusing to sell a product or service unless the customer buys another product or service
- refusing to buy a product or service unless the seller agrees to buy a certain product in return

One activity of particular sensitivity with respect to antitrust laws is participation in trade associations and professional groups. Trade associations and professional groups provide valuable social and educational activities for their members. However, there are risks associated with these groups because they bring competitors together and thus present opportunities for activities prohibited by the antitrust laws. You may participate in trade associations and professional groups. Discussions about such matters as quality standards and common regulatory issues that affect the health care industry are appropriate. However, any discussions about competitive issues and information must be avoided.

You are not expected to know all of the antitrust prohibitions. However, you should be cautious about any agreement or arrangements that might create unfair methods of competition or restrain trade. You are encouraged to ask the PNHS Compliance or Risk Management Departments any questions you may have about state and federal antitrust laws. (See PNHS Policy [A.18-HSM-8201-0498](#) [Anti-Trust Law and Competitive Practices].)

Anti-kickback laws

Both state and federal law specifically prohibit any form of kickback, bribe or rebate made directly or indirectly, overtly or covertly, in cash or in kind to induce the purchase, recommendation to purchase or referral of any kind of health care goods, services or items paid for by Medicare or Medicaid. The anti-kickback laws prohibit relationships in which direct or indirect payment in cash or kind is made, offered or solicited in exchange for the referral of business.

As with the antitrust laws, you are not expected to know all the anti-kickback rules in detail. However, you should be cautious about any arrangements, even informal, which might be suspicious. You are encouraged to ask questions of the PNHS Compliance and Contracting and Risk Management departments. (See PNHS Policy Antikickback Prohibitions: Ownership/Investment Interest [A.15-HSM-8201-0498](#); PNHS Policy Antikickback Prohibitions: Physician Compensation Arrangements [A.14-HSM-8201-0706](#); and PNHS Policy Antikickback Prohibitions: Relationships with Third Parties [A.06-HSM-8201-0706](#).)

Stark Law

The Federal anti-self referral legislation (“Stark Law”) prohibits certain patient referrals. Specifically, the Stark Law prohibits a physician or an immediate family member that maintains a financial relationship with an entity from referring patients to that entity for certain “designated health services.” The Stark Law also prohibits an entity receiving a prohibited referral from billing the Medicare or Medicaid programs for any services rendered to the patient.

Tax exemption

As a nonprofit, tax-exempt organization, PNHS has a legal and ethical obligation to engage in activities in furtherance of its charitable purposes and to ensure resources are used in a manner that furthers the public good, rather than the private or personal interests of an individual. As such, PNHS and PNHS staff must avoid compensation arrangements in excess of fair market value, avoid any arrangements that provide an inappropriate benefit to any person, accurately report payments to appropriate taxing authorities and file all tax and information returns in a manner consistent with applicable laws. (See PNHS Policy [A.20-HSM-8201-0498](#) [Tax Exemption].)

Lobbying/political activity

It is every PNHS staff members’ responsibility to carry out his or her job duties in a politically neutral manner. You may not pay or provide any PNHS funds, property or services to, or on behalf of, any candidate, campaign committee or political party in connection with a campaign. This restriction covers not only direct contributions to a political campaign, but also indirect support of candidates or political parties. The ability of PNHS to lobby for or against pending legislation also is limited. Lobbying should only be undertaken with the consent of the Vice President of Government Relations.

This principle is not intended to affect your personal right to make political contributions from your own funds or engage in lobbying or political activities on your own time. Indeed, PNHS encourages all staff to actively participate in the democratic process. (See PNHS Policy [I.79-HSM-8201-0402](#) [Lobby and Political Activities].)

Licenses, permits, certifications and credentials

PNHS shall obtain and maintain all required operating and business licenses and permits, as well as applicable certifications and accreditations for federal and state health care program participation. All PNHS staff, vendors and contractors are expected to obtain and maintain all appropriate licensure or certifications required for their job responsibilities.

PNHS staff also should be aware there are separate licensing requirements for Methodist Hospital and hospital outpatient sites. In some instances a site may be operated as a hospital-based site, meaning the site can bill as if it is providing hospital services. To do this appropriately, however, requires some very specific conditions be met. If you are providing hospital services outside of Methodist Hospital and have questions regarding the hospital based site requirements, you should contact PNHS Compliance and Contracting. (See PNHS Policy [A.43-HSM-8201-0498](#) [Facility and Program Licensure and Certification]; PNHS Policy [A.42-HSM-8201-0498](#) [Pharmacy Operations and Licensure].)

False Claims Act

The federal and state False Claims Acts (“FCA”)¹ protect state health care programs against fraud that results from the submission of a False Claims (as defined below). The FCA applies to all state and federally funded contracts and programs relating to health care.

A “False Claim” is more broadly defined and includes, among other things the following:

- Knowingly presenting for payment a false or fraudulent claim;
- Knowingly making, using, or causing to be made or used a false record, statement or claim.

A “claim” includes any request or demand for money or property made for which federal health care funding is provided, in whole or in part.

Examples of False Claims may include upcoding or overcoding, providing services that are not medically necessary, or billing for services that are not provided.

Anyone who knowingly submits or causes a False Claim to be submitted to the federal or state government is liable for damages up to three times the amount of the payment and civil penalties ranging from \$5,500 to \$11,000 per claim.

See PNHS Policy [A.21-HSM-8201-0498](#) Medicare/Medicaid/TRICARE Billing

¹ 31 U.S.C. § 3729 and Minn. Stat. § 256B.064.

Whistleblower Rights and Protections

Any individual who has information regarding a False Claim may file a case in federal court on behalf of the federal government. The federal Department of Justice will determine whether to join the case or not to join the case.

In the event that the case is successful, the individual bringing the case may share with the federal government in the recovery. The amount recovered by the individual is dependent on several factors.

If an individual that files a case or participates in a case (such as assisting in an investigation) is discharged, demoted, suspended, threatened or otherwise discriminated against in their employment as retaliation for filing or participating in the case, the law affords the individual certain protections. If the individual can demonstrate the following, certain remedies will be available:

- The activity was performed in furtherance of the False Claims action.
- The employer knew that the employee was initiating or otherwise participating in a lawsuit.
- The employer retaliated against the employee because the employee initiated or participated in a lawsuit.

If the court finds that the individual was retaliated against in violation of the FCA, then the employee is entitled to be reinstated in their job at the same level as they had been at the time of the retaliation with two times back pay and interest, and any special damages that the individual may have incurred as a result of the retaliation.

See PNHS Policy [A.10-HSM-8201-0498](#) [Whistleblowers.]

LABORATORY SERVICES

PNHS is committed to operating its clinical laboratories in an ethical and forthright manner and in conformity with all federal and state licensure and certification requirements, applicable guidelines and laws governing federal health care programs. To support this commitment, PNHS has adopted a Clinical Laboratory Compliance Program. This program operates as part of PNHS overall Corporate Compliance Program and is intended to promote ethical behavior, as well as prevent, detect and correct violations of the law. You may get a copy of the Clinical Laboratory Compliance program through Facets or you may contact the manager of Laboratory Compliance, 952-993-6519. (See PNHS Policy [A.37-HSM-8201-0498](#) [Clinical Laboratory – Billing for Laboratory Services]; PNHS Policy [A.36-HSM-8201-0498](#) [Clinical Laboratory – Compliance Oversight]; PNHS Policy [A.38-HSM-8201-0498](#) [Clinical Laboratory Improvement Amendments (CLIA) Compliance].)

RESEARCH

PNHS is committed to learning through research and innovation. All research conducted at PNHS is administered through the Park Nicollet Institute and is subject to review and oversight by the Protocol Review Committee (PRC) and by the Institutional Review Board (IRB).

The PRC and the IRB must review all research that involves human subjects, the collection of specimens, and the collection of data through surveys, questionnaires, chart reviews, non-public databases or other means. While many activities are clearly research, there also are activities where it is difficult to tell. As a general rule, if a project produces general knowledge, if it involves the systematic collection and analysis of data or if the results might be shared outside PNHS, the project is research and must reviewed by the PRC and IRB.

In addition to PRC and IRB review, all contracts related to clinical research must be reviewed and approved by the Park Nicollet Institute's Director of Clinical Research and the Compliance and Contracting department. Research studies involving medical devices where costs are incurred by PNHS must have additional review and approval by the PNHS Purchasing department.

For additional information about research at PNHS, contact the IRB Administrator, 952-993-3015, or the director of Clinical Research, 952-993-3005.

(See PNHS Policy [A.03-HSM-1153-1197](#) [Institutional Review Board Policies and Procedures]; PNHS Policy [A.66-HSM-1153-0299](#) [Misconduct in Research].)