

ANTHC EMPLOYEE CODE OF

# Ethics and Conduct



Approved December 1, 2022



ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM





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# 1. Introduction

## **Purpose of the Employee Code of Ethics & Conduct**

The ANTHC Employee Code of Ethics and Conduct (Code) is developed with employee input and approved by the executive leadership and ANTHC Board of Directors. The Code reflects our Mission, Vision and Values. It helps to ensure we have a clear understanding of the business, professional and personal ethics expected of us in the workplace. The Code applies to all members of the workforce, which includes all employees, contractors, students, volunteers and consultants. The Code is a guide to assist in carrying out daily activities consistent with ANTHC's mission, vision, and values within appropriate ethical and legal standards.

Whenever we have a question or concern regarding a workplace issue or potential practice, we should try to raise this issue through the existing management within our department. Other resources are available to answer specific technical questions and concerns. These resources include policies and procedures, your supervisor, Human Resources, the Ethics and Compliance Program, and the Ethics and Compliance Hotline. Employees may contact the Ethics and Compliance Program or the Ethics and Compliance Hotline anonymously.

If any part of this Code is unclear, or if you have any questions or concerns about a situation, you should always first attempt to discuss them with your supervisor. The leadership and management team are committed to assisting you in finding the answer to any questions you have.



# ANTHC Vision, Mission and Core Values

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## Vision

Alaska Native people are the healthiest people in the world.

## Mission

Optimizing health and well-being through collaborative partnerships and services.

## Core Values

### Self-determination

We support and promote Alaska self-determination.

### Quality

Our work demonstrates a commitment to excellence, continuous improvement, accuracy and professionalism.

### Integrity

We lead by example, communicate honestly, and act with respect.

### Teamwork

Our collective efforts, talents, and knowledge, advance ANTHC's vision.



## Message from Valerie Nurr'araluk Davidson, ANTHC's President/CEO

Dear Colleagues:

Our vision, *Alaska Native people are the healthiest people in the world*, is an inspirational and ambitious goal. Achieving our vision is possible with strong partnerships with the people and communities we serve, our ANTHC team, Tribes, Tribal organizations, and our nonprofit partners. Working together, with self-determination, integrity, quality and teamwork will build more trusting partnerships and advances our commitment to the people we serve.

The ANTHC Employee Code of Ethics and conduct sets forth the ethical principles that guide our delivery of services, and the way we conduct business and behave in the work place. In support of ANTHC's Mission, Vision and Values, the code applies equally to ANTHC employees and contractors while ensuring legal compliance.

Integral to ANTHC's success is fostering an environment where employees and contractors feel welcome to report their concerns safely. We pledge that there will be no retaliation for good- faith reporting of potential compliance issues. Our leadership team maintains an open-door policy and is available to discuss any concerns, questions or suggestions you may have regarding the Code, the Ethics and Compliance Program and/or issues you face in the workplace.

All employees have a duty to report compliance issues, problems or concerns. To report a concern or ask questions contact the Ethics and Compliance Program at (907) 729-1966 or the Employee Compliance Hotline (1-877-772-6743). Reports may be done anonymously.

Quyana (thank you) for your commitment to our vision and for providing the highest quality work.

Quyana,



Valerie Nurr'araluk Davidson  
President/CEO



**Valerie Nurr'araluk  
Davidson**  
President/CEO





## About the Alaska Native Tribal Health Consortium

The Alaska Native Tribal Health Consortium (ANTHC) is the statewide Tribal health organization serving all 229 federally recognized Tribes and all Alaska Native and American Indian individuals in Alaska.

ANTHC provides a wide range of statewide public health, community health, environmental health, and other programs and services for Alaska Native people and their communities.

ANTHC and Southcentral Foundation co-manage the Alaska Native Medical Center (ANMC), a 182-bed hospital providing comprehensive medical services and acute, specialty, primary and behavioral health care.

ANMC is the tertiary care hospital for all Alaska Native and American Indian people in Alaska, working in partnership with the Alaska Tribes and Tribal organizations of the Alaska Tribal Health System to support a broad range of health care and related services across the state.



## About the Alaska Tribal Health System

Under the authority of the Indian Self-Determination and Education Assistance Act, Public Law 93-638, as amended, Alaska Tribes and Tribal organizations provide comprehensive health services to the 168,835 Alaska Native/American Indian (AN/AI) on behalf of the Indian Health Service.

The Alaska Tribes and Tribal organizations work in partnership to coordinate and deliver care across the state through a referral network of community health clinics, regional hospitals, and ANMC, collectively known as the Alaska Tribal Health System (ATHS).

The ATHS provides a coordinated system of care and statewide referral network under the principle of self-determination and practice of self-governance, maintaining local and regional decision-making ability of each Tribe and Tribal organization.









## 2. Commitment to Compliance

### Compliance Structure

The Ethics and Compliance Services (ECS) team consists of a Chief Ethics and Compliance Officer (CECO) and team members who are subject matter experts in privacy, investigations, auditing and monitoring, and policy management. In order for a compliance program to be effective, the CECO has direct access to the President/Chief Executive Officer (CEO) and Board of Directors (BOD) and has support throughout the organization. ECS supports ANTHC's unique structure with sufficient resources, promotes standards of conduct, and establishes a clear means of communication for reporting non-compliance. There are five levels of coordination within the structure at ANTHC and ANMC that ensure an effective compliance and ethics program.

The BOD establishes ANTHC's mission, vision and values and sets the tone for an ethical corporate culture and an effective compliance program. Key responsibilities include adopting this compliance plan, overseeing the compliance program, and ensuring that the program is effective and aligns with applicable standards. This includes the Ethics Compliance Quality & Safety (ECQS) Committee, the Bylaws & Policy (BPC) Committee, and the Finance & Audit Committee.



## Compliance Structure

Management level oversight includes the Ethics Compliance Hotline Oversight (ECHO) Committee which is the executive leadership committee that assists the CEO with oversight of the ethics and compliance program. Key responsibilities include:

- Evaluating and prioritizing ethics and compliance risks and responsibilities
- Evaluating the ECS program effectiveness
- Reviewing and recommending changes to the Plan, and the Code Conduct
- Ensuring relevant information is timely and accurately reported to the BOD, the CEO, and other ANTHC leadership

ECS department - The team delegated to the day-to-day operational responsibility for the ethics and compliance program to help guide prevention, detection, and corrections needed for non-compliance.

Administrators, Managers and Supervisors are required to foster the culture of compliance.

Members of the workforce, including employees, are responsible to be familiar with laws and regulations associated with their roles, uphold the Code, and report Code of Conduct violations to supervisors or Compliance.



## Ethics and Compliance Hotline

The toll-free Ethics and Compliance Hotline is available to employees who have a question or concern and do not feel comfortable discussing the matter with their supervisor or Human Resources. You may submit a concern online via [ANTHC.EthicsPoint.com](https://www.anthc.com/EthicsPoint.com), or call (877) 772-6743, 24-hours a day, seven days a week. Calls are not recorded and reports will be kept anonymous, to the extent permitted by law. Information from hotline calls will be investigated. Employees who call the hotline may request to receive anonymous updates or to add more information. Requests for information or action will be handled promptly, discreetly, and professionally. Compliance may work with subject matter experts to resolve issues.

## Policies and Procedures

ANTHC has a number of policies and procedures (P&Ps) that support the operation of our compliance program. Responsibility for developing the policies and procedures rest in part with the Chief Ethics and Compliance Officer, ECHO, and the P&P Committee. These P&Ps cover several topics that include, but are not limited to, privacy, security, coding, billing, identifying risk areas, and responding to compliance issues promptly as identified in the course of audits, internal reviews, and Compliance Hotline inquiries. Please see a complete listing of our P&Ps in the Compliance resources section at the end of this Code.





## Complying with Laws

It is the duty of every employee and all other individuals affiliated with ANTHC to comply fully with all governing laws, regulations, ANTHC P&Ps and the Code. Everyone must offer their complete cooperation with any investigation by ANTHC and/or governing authorities.

ANTHC prohibits anyone from retaliating against or intimidating an employee who discloses a concern in good faith. ANTHC is committed to investigating all concerns promptly, thoroughly and confidentially to the extent possible and appropriate. The Chief Ethics and Compliance Officer directs the investigation of compliance concerns. When an internal investigation substantiates a reported violation, ANTHC initiates corrective actions that need to be made in order to remedy the problem. These actions may include:

- Making prompt repayment of any government funds to which we are not entitled
- Notifying the appropriate government agency
- Instituting disciplinary action
- Implementing systemic changes to prevent a re-occurrence of the problem







### Auditing and Monitoring

ANTHC responds immediately to all external third-party payer requests to audit and review clinical, financial, and operational records and supporting documentation as agreed to in the applicable governing agreements, contracts, and regulations. ANTHC conducts internal audits to evaluate program effectiveness and detect criminal conduct as part of a comprehensive compliance program.

We conduct internal monitoring and auditing by establishing annual work plans, determine any areas of risk, and proactively audit. This ensures ANTHC addresses any areas of concern while sustaining compliance program effectiveness. As a subject matter expert, you may be asked to participate in an internal audit. It is our responsibility to assist in all investigations on behalf of ANTHC.

### Training and Education

Effective training and education can be achieved by offering compliance training frequently (at minimum annually), making training and education part of the job requirements, and staying current on compliance issues and trends by attending conferences, reading articles and/or publications, and professional networking. ANTHC requires compliance training at new hire, annually, and in department trainings. Trainings may be requested for privacy, conflict of interest, 42 CFR Part 2, and many other subjects.



## Detection, Response and Prevention

ANTHC is committed to responding to compliance issues. Thoroughly documenting, investigating, enforcing corrective action and tracking the resolution of complaints are effective ways to address offenses. We commit to acting promptly to detecting offenses. Undertaking the appropriate corrective action is pertinent to maintaining an effective compliance program. ANTHC encourages employees to raise concerns and report any other compliance-related issues including but not limited to, conflicts of interest, patient privacy and security, fraud or other misconduct of any type relating to ANTHC operations.

Failure to comply with the laws and/or to report suspected violations of state or federal law can have very serious consequences for ANTHC and for any affiliated individual who fails to comply or report. The individual may be terminated from employment (or from his/her contractual arrangement with ANTHC) or be subject to other disciplinary measures, depending on the nature of the violation. Ensuring compliance with the many laws, rules, regulations and industry standards that govern the operations of ANTHC requires teamwork. For this effort to be successful, everyone who is employed by or affiliated with ANTHC must work together.

## Enforcement and Discipline

ANTHC is committed to establishing appropriate incentives for compliance and disciplinary actions for violations. Well-published disciplinary guidelines ensure standards are followed continuously and consistently throughout the organization. All personnel regardless of position, title, or rank should follow standards. Never assume the standards are being followed. Check in often to inspect for the standards set forth.





## 3. Reporting Responsibilities

### Good Faith Reporting and Non-Retaliation

Every employee is required to promptly report possible violations of law, ethical standards, or retaliation. Deliberately making a false accusation is a serious violation of ANTHC policy and may lead to disciplinary action, up to and including termination of employment (Good Faith Reporting and Chain of Command Policy, Chain of Command and Good Faith Reporting Procedure). All reports should be made in good faith. A good faith report is based on an honest, sincere concern. Good faith does not mean that you have definitive proof, but that you have objective reason(s) for a concern. No disciplinary action or other type of retaliation will be taken against any employee who submits a report in good faith. Any employee who believes that he or she has suffered retaliation should follow established reporting channels or contact Human Resources.



## Know Your Responsibilities as a Manager

As a manager, the way you make decisions, handle concerns, conflicting opinions and address unpopular issues sets the tone for trust with employees. You are influential. Your behavior and interactions with your employees matter. The decisions you make impact employee's performance and satisfaction. It is critical that you set a good example by exemplifying your commitment to the Code and empowers employees to do the same. As a manager, you are highly visible. Employees observe your behaviors and emulate them. Make sure that you are setting the appropriate ethical tone and that your actions match.

- Act as a role model by demonstrating the standards in the Code, and encouraging employees to do the same.
- Foster an environment where employees feel comfortable and supported when they speak up and come forward with questions and concerns.
- Do not directly or indirectly retaliate against anyone for sharing concerns in good faith or supporting an investigation.
- Be sure others know you expect the same from them.





## Manager Tips!

You are responsible for fostering an inclusive and diverse work environment that attracts and retains the best employees and encourages your team to collaborate with confidence. Here are some examples of ways you can do this:

- Cultivate an environment where everyone feels that they belong and their contributions are valued.
- Seek diverse perspectives in team meetings so employees share different points of view.
- Create opportunities for your team members to work with others across the company with respect and transparency.

## Ethical Decision Making

Though the Code does not offer an answer for every situation, it can empower you to make decisions that uphold our principles and protect our employees, customers, and reputation. When faced with ethical issues where the right decision or course of action is unclear, we should first ask ourselves:

- Is there an ethical violation?
- Does it hurt anyone?
- How would it be perceived by our family and friends?
- Is it serious?
- Am I responsible?
- Do I have the resources?
- Would I feel comfortable if my actions appeared in the news or on social media?
- Does it conflict with ANTHC's core values?

If you are uncomfortable with or unsure of the answer to any of these questions, we must seek help before proceeding.

*What if I saw a colleague do something that I think could be a Code of Conduct violation but I am not sure. I would rather not get involved.*

Speaking up is never easy, but it is always the right thing to do. You have an obligation to raise concerns about suspected misconduct. A violation left unreported can inflict immeasurable damage to our reputation and put your co-workers, your patients, and the Consortium at risk. Even if you are not sure, report suspected violations. The Code requires it.

Q&A



## The Investigation Process

It takes courage to come forward and share your concerns. All reports are taken seriously, investigated and addressed. People who make reports may not always learn the outcome of the concern you report. Due to privacy concerns, information will be shared on a need-to-know basis and sometimes that includes only the people directly involved in pursuing a resolution. All requests for review concerning the ANTHC Executive Team (including the President/Chief Executive Officer and any staff member who reports directly to the President/Chief Executive Officer) shall be promptly distributed to the full Ethics, Compliance, Quality and Safety (ECQS) Committee.

If individuals feel uncomfortable with this approach, or if prior efforts have not fully resolved a situation, ANTHC strongly encourages employees and other members of the workforce to seek assistance from Human Resources or the Compliance Officer and/or use the informal dispute resolution processes described in Dispute Resolution Policy.

## Initial Intake

- All reports will be reviewed within 48 business hours.
- Reporters may choose to raise concerns anonymously.
- The investigator will contact the reporter, if contact information is provided to collect more information.
- A third party investigator may be utilized as dictated by ANTHC policies.
- Reports will be documented and kept as confidential as possible, to the extent permitted by law.

**The Code defines the company's approach to doing business, "Owning the Code" encourages employees across the organization to take ownership of compliance related responsibilities. To locate policies, employees can scroll to that section and easily navigate to the right resource. Links throughout the Code create easy guidance tools on how to apply the policy to their work.**





# 4. Commitment to Quality Patient Care

## Respecting Patients' Rights

Our purpose is to provide the very best health services. In pursuit of that goal, we strive for clinical and technical excellence, to treat people with dignity, to respect their rights to privacy and confidentiality, and to respond promptly and courteously to their needs.

- We accept people for medically/clinically indicated treatment that is within our scope of services.
- We ensure that any patient being transferred to another facility has received complete information and an explanation concerning the need for the transfer and alternatives prior to transfer. Patients will be referred to another facility only when we believe that facility will provide care appropriate to the patient's/client's specific needs.
- We provide emergency care without regard for the patients'/clients' ability to pay or source of payment.
- We provide medical services that are appropriate, safe and in compliance with all applicable laws, regulations and professional standards.
- We ensure that only personnel who have proper credentials and who have demonstrated competency are involved in care. We respect and protect the integrity of clinical decision making regardless of the method used to compensate or share financial risk with voluntary and/or salaried physicians, clinicians, managers, executives and other staff.
- We maintain medical and client records that reflect complete and accurate accounts of all care and treatment.
- We honor the right of patients to receive information regarding our policies, procedures, charges and the health professionals who care for them.
- We report all errors and concerns to the appropriate individuals.

## Minors

Employees should understand AS 25.20.025, Examination and Treatment of Minors. A minor is a person under the age of 18 who has not been legally emancipated by a court and is not married, is not living apart from the minor's parents or legal guardian or managing the minor's own financial affairs, and is not the custodial parent of a child. However, a minor who is living on their own and managing their own financial affairs, regardless of the source or extent of income, may consent for medical and dental services for themselves.

A minor may give consent for medical and dental services if the parent or legal guardian cannot be contacted or if contacted, is unwilling to either grant consent or withholds consent. In this case, the provider shall counsel the minor, keeping in mind the valid interests of the minor and the parent or guardian, as best the provider presumes them.

Minors have privacy rights regarding all treatments for family planning, pregnancy, and sexually transmitted infections. A minor may give consent for diagnosis, prevention, or treatment of pregnancy, and for diagnosis and treatment of venereal disease. This includes making their own appointments, lab and other test results, and any information about the minor's condition.

A minor who is the parent of a child may give consent to medical and dental services for the minor or the child. The parent or guardian of the minor is relieved of all financial obligations to the provider of the service under this section. The consent of a minor is valid if the person rendering the medical or dental service relied in good faith upon the representations of the minor.

Per the MyHealth Patient Portal Policy, parents may make an in-person request for the PHI of a minor child under the age of 13 through a MyHealth Patient Portal account as long as there is no court order on record related to parental rights, and as long as there is no identity theft flag associated with the account. After the age of 13, parents or legal guardians will be directed to submit any requests for PHI in writing to the Health Information Management staff, who will determine whether the parent or legal guardian has authority to access the PHI.





## Legal Guardians

For information pertaining to legal guardians, employees may refer to the [Legal Guardian Notation Procedure](#) and the [Patient Rights and Responsibilities Policy](#). Staff who become aware that a patient has a legal guardian will notify Admitting of the legal guardian name and contact information and will scan a copy of the guardianship court order into the electronic health record. Admitting will enter the guardian's name and contact information into the "Legal Guardian" field in the demographic information in the electronic health record and will activate the Guardian Alert.

If a patient has a legal guardian, all staff must be aware of the need to communicate with the legal guardian, in accordance with ANMC's policies and procedures regarding patient rights and informed consent.





## Clinical Documentation Improvement

Clinical Documentation Integrity (CDI) is a collaborative process providing focus on clear, concise and specific documentation related to diagnoses and procedures, support for accurate ICD-10-CM/PCS diagnostic and procedural code assignment, support for appropriate reimbursement, and accurate reflection of organizational quality and outcome scores.

The purpose of a CDI program is to initiate concurrent and, as appropriate, retrospective reviews of health records for conflicting, incomplete, or nonspecific documentation. These reviews occur in both inpatient and outpatient settings. Please refer to all P&Ps pertaining to clinical documentations standards.

Information received by ANTHC under an obligation to maintain its confidentiality is also confidential information which, if you receive such information, is to be utilized only for the purpose for which it was provided and may not be disclosed in violation of the obligation to maintain its confidentiality. If you receive information as an employee, in the course of performing your job duties and responsibilities at ANTHC, you have a responsibility to maintain its confidentiality. You must not use confidential information for your own or your family's benefit and you may not disclose it to others for their personal use.



### Ethical Research

ANTHC conducts research activities according to the highest ethical standards, promoting responsible conduct of research, and in full compliance with federal and state laws and regulations. Research conducted by ANTHC is Tribally-driven. This means that the ANTHC Board of Directors has reviewed and approved research that addresses ANTHC health priorities and supports research necessary to improve Alaska Native health care and health status.

ANTHC research standards, policies and procedures are in place in order to preserve truth, integrity and credibility in research, to prevent research misconduct, and to deal efficiently and fairly with allegations or other indications of research misconduct, and apply to all ANTHC staff, collaborators and related research activities.

Ethical approaches to research recognize that culture and traditions vary greatly between Alaska Native communities. Alaska Native individuals and communities also vary in adherence to their cultures of origin and to Western cultural values and beliefs. For many Alaska Native people, spirituality and religion are generally perceived as integral aspects of culture. Tribal Review Boards and other entities that oversee research for American Indian and Alaska Native people each follow their own Board of Directors policies and procedures which are important and unique. They reflect and respond to community needs, changes in research, and revisions to research policy



## Research Approval Processes

Established processes for research review and approval of research activities conducted at ANTHC and in collaboration with ANTHC staff help us adhere to ANTHC's ethical guidelines. The ANTHC Board of Director (BOD) members are Alaska Native people Tribally-elected to represent their individual communities and the wider community of Alaska Native people. ANTHC Health Research Review Committee (HRRC) is a regular committee of the ANTHC BOD and is comprised of six appointed members of the ANTHC BOD and ANTHC staff to oversee the health research conducted within ANMC, as well as all research involving ANTHC staff conducted throughout the state. This Tribal approval process helps to affirm that research benefits Alaska Native people, assures that Alaska Native communities are not harmed, and that proposed research studies address health needs pertinent to Alaska Native people.



To begin any research conducted at ANTHC or ANMC and to be eligible for HRRC review, an investigator must first obtain approval from the Alaska Area Institutional Review Board (AAIRB), the IRB that serves the Alaska Tribal Health System (ATHS). Tribes have final authority for approval or disapproval of research in their regions. If the AAIRB writes an approval letter, final approval of the research proposal is contingent upon Tribal approval as defined by their Tribal review and approval processes.

The AAIRB protects the rights and welfare of human research participants asked to participate in research activities conducted under the auspices of the institution with which it is affiliated. The IRB has the authority to approve, require modifications in, or disapprove all research activities that fall within its jurisdiction as specified by both the federal regulations and local policy.

ANTHC Compliance conducts privacy consults on all research projects that have received a waiver of consent from the AAIRB prior to the beginning of the project, to ensure confidentiality, and that the project scope is essential for the progress of scientific research and preserves the trust of the public in the research community. The privacy consult must review the use or disclosure of protected health information (PHI) involved and ensure it does not include more than minimal risk to the privacy of individuals.





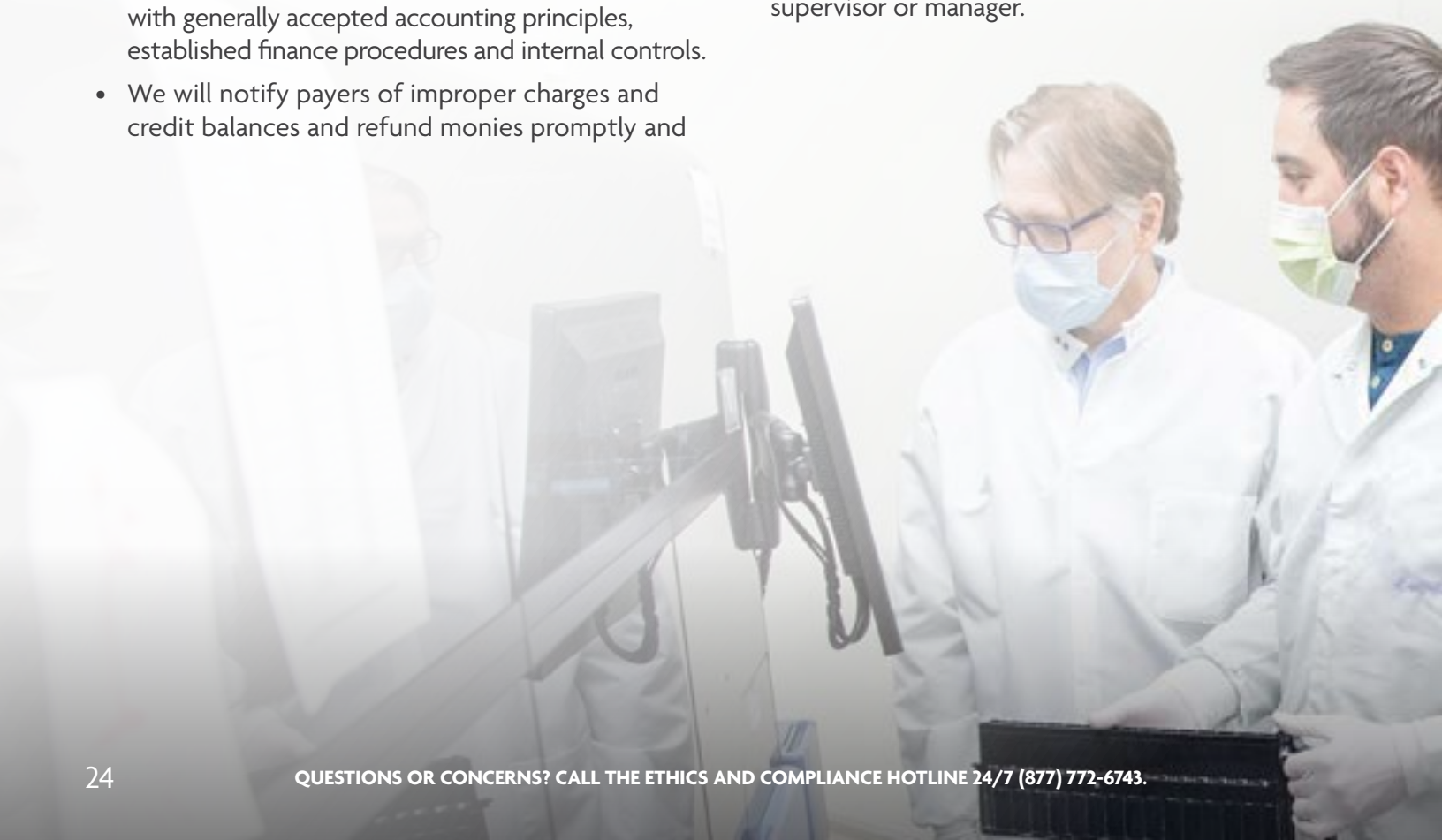
## **5. Commitment to Billing and Financial Practices**

## Billing and Coding Practices

It is against ANTHC policy to knowingly cause ANTHC's books and records to be inaccurate. Falsifying records can include making records appear as though payments were made to one person when payments actually were made to another, submitting expense accounts which do not accurately reflect the true expense or creating any records that do not accurately reflect what occurred. Permanent entries in ANTHC records must never be altered.

Payment may not be made if any amount will be used for a purpose other than that described in the documents supporting the transaction. Slush funds or similar off-book accounts, in which there is no accounting for receipts or expenditures on corporate books, are strictly prohibited. All ANTHC officials, employees, and agents are required to keep accurate and transparent records that reflect actual transactions and payments consistent with ANTHC's system of internal accounting controls.

- We bill only for services that are provided, fully documented, and medically necessary in patients' health records.
- We prepare and maintain all billing records accurately, honestly and in accordance with established finance and accounting practices.
- We use billing codes that accurately describe our services. We strictly prohibit improper coding, bundling or unbundling charges to increase reimbursement.
- We do not bill for outpatient services that are included in the reimbursement for inpatient care.
- We bill appropriately for patients who are transferred to another hospital rather than discharged.
- We record all financial information in accordance with generally accepted accounting principles, established finance procedures and internal controls.
- We will notify payers of improper charges and credit balances and refund monies promptly and in accordance with established P&Ps, rules and regulations.
- We waive co-payments and deductibles only for people who are IHS beneficiaries or who are otherwise entitled, by law or contract, to receive our services at no charge. We do not otherwise provide any benefits in return for their admission or continued treatment.
- We store records in a safe and secure location for the period of time required by law. We organize our records to permit prompt retrieval and dispose of them in accordance with an established retention policy.
- We submit claims in a timely manner and only for services that we believe are medically necessary.
- We promptly report any questions or errors to a supervisor or manager.





## Conditions of Participation (CoPs)

CMS develops Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) that health care organizations must meet in order to receive reimbursements from Medicare, Medicaid, and other third-party payer programs. CoPs also include the legal and professional standards that apply to improving quality and protecting the health and safety of beneficiaries.

ANTHC is required to screen all employees for excluded individuals. ANTHC will not knowingly employ or contract with individuals or entities that have been listed as debarred, excluded or otherwise ineligible for participation in federal health care programs. As a condition of employment, caregivers are required to notify human resources immediately if they are currently or, to the best of their knowledge, in the future will be listed by the Federal Department of Health and Human Services Office of Inspector General, the General Services Administration or the applicable state Medicaid Exclusion and Suspension List as a person who is excluded from participation in Federal or State health care programs.

Q&A

*My department director has selected a vendor that is operated by his brother. What should I do?*

Speak up! Directing business to a vendor that is owned, managed by, or employs a close relative of an associate is a prohibited conflict of interest. These facts must be reported immediately to ANTHC Ethics and Compliance Program.



## Conflicts of Interest

We will diligently guard against the appearance of impropriety or conflicts of interest. We must avoid any relationship or activity that might impair, or even appear to impair, our ability to make objective and fair decisions when performing our jobs. At times, we may be faced with situations where the business actions we take on behalf of ANTHC may conflict with our own personal or family interests. We owe a duty to ANTHC to advance its legitimate interests. We must never use ANTHC property, facilities, opportunities or information for personal gain or personally take for ourselves any opportunity that is discovered through our position with ANTHC. We must disclose any supervisory or reporting relationships we have with family and relatives (e.g., spouse, children, parents, siblings) to our supervisor or manager in a timely manner. Please refer to the Outside Employment and Activities Policy, Conflict of Interest Policy or the Financial Conflicts of Interest Policy.

Determining whether a conflict of interest exists is not always easy to do. Employees with a conflict of interest question should seek advice. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their leadership and approval from ANTHC Ethics & Compliance Services.

- Employees may engage in personal activities outside of employment, as long as the personal activities do not interfere with regular ANTHC employment work or create a conflict of interest.
- Such activities, whether compensated or not, shall not conflict with, undermine or compete with ANTHC's interests.
- Employees must disclose all outside work activities in an ANTHC Conflict of Interest Disclosure form.
- Employees may not conduct any outside work activity unless it has been approved in writing from ANTHC.
- We do not use ANTHC facilities, equipment, labor or supplies to conduct any outside work activity.
- Employees may not accept gifts, tips, or favors of substantial value from customers or vendors. All gifts of substantial value, in excess of \$100, must be declined.
- If employees have a question as to the appropriateness of a gift, before accepting the gift the employee must seek approval from his or her manager or the Ethics and Compliance Program.

ANTHC provides a preference to Alaska Native and American Indian individuals and organizations in awarding contracts and grants as permitted or required by law and ANTHC policies.

All concerns and suspected misconduct that could violate laws, ANTHC policies, procedures, or the Code should be reported to your supervisor, Human Resources, Ethics and Compliance Services or the Hotline. You should use the Hotline if you have exhausted the other means of communication or are uncomfortable with disclosing your identity when reporting a concern by calling 1 (877) 772-6743.

### Examples of Conflicts of Interest:

- Being employed (you or a close family member) by, or acting as a consultant to, a competitor or potential competitor, supplier or contractor, regardless of the nature of the employment, while you are employed with ANTHC.
- Having a personal interest, financial interest or potential gain in any ANTHC transaction.
- Supervising family members or closely related persons.
- Serving as a board member for an outside commercial company.
- Owning or having any other financial interest in a competitor, supplier or contractor.
- Placing company business with a firm owned or controlled by an ANTHC employee or his or her family.



### Gifts and Travel

In many cultures, exchanging courtesies such as modest gifts and entertainment is an integral part of conducting business. However, providing or accepting inappropriate gifts or entertainment has the potential to harm ANTHC's business and reputation and may be illegal. ANTHC does not solicit, accept, make or offer to make any payment or accept or provide any other thing of value to another person or company with the understanding or intention that such payment is to be used for an unlawful or improper purpose. ANTHC does not offer or give gifts of any kind to government officials.

#### What you CAN accept

Generally, accepting modest gifts, entertainment, or other business courtesies is permissible if the gift or entertainment helps improve business, political or community relationships. ANTHC employees can accept modest meals, entertainment, or small gifts as long as they are not given to influence purchasing decisions or during the purchasing or contracting decision process with an agreement (implicit or explicit) to purchase. In some circumstances, ANTHC employees can accept corporate gifts of significant value to follow local custom; this is acceptable if the gift becomes ANTHC property for proper accounting and disposition.

#### What you CANNOT accept

- Paid extravagant recreational outings, travel, or lodgings at supplier sponsored events;
- Tickets to sporting events or artistic performances where the giver will not be present;
- "Prizes" sponsored by a commercial entity; and
- Gifts valued at an amount which you would not be able to reciprocate in equal value.

In addition, ANTHC employees are not permitted to solicit gifts or ask suppliers or other business associates to support charitable causes.





## Government Inquiries

ANTHC's businesses are highly regulated and governments may often request information from us. ANTHC cooperates with all legitimate requests for information through appropriate channels. ANTHC complies with the Health Insurance Portability and Accountability Act (HIPAA) and the Federal Privacy Act, Alaska Statutes, Alaska Rules of Court Rule 45, and all applicable regulations ensuring protected health information is disclosed under appropriate authorization by law or written patient authorization.

Employees working at ANMC shall refuse to receive the following legal documents that require the release of medical records, request or order an employee to appear in court or any other tribunal, or appearance of an employee for deposition in any employment related matter:

- Subpoenas
- Search warrants
- Court orders
- Deposition notices

Employees shall immediately refer the server of the document to the Risk Management Office during the hours of 8 a.m. to 5 p.m. After 5 p.m. contact the Nursing House Supervisor.

Any requests to inspect ANTHC's facilities or to execute a search warrant must be immediately directed to the ANTHC Legal Affairs office or the SCF Quality Assurance Department. After hours at ANMC, contact the Nursing House Supervisor.

You must allow access where required by local law.

Employees may not contact the agency or attorney requesting the legal document or appear without first consulting Risk Management. Employees who have IPA or MOA agreements will follow federal regulations which prohibit any Federal employee from appearing in court or attending a deposition in a work-related matter without prior written approval from the Director, Alaska Area Native Health Service, or designee. All questions regarding court appearances or attendance at depositions should be directed to Risk Management. Please review the Subpoenas, Warrants, and other Legal Documents that Request Disclosure/Release of Health Records Procedure.

ANTHC cooperates with all government investigations. ANTHC does not prohibit you from communicating with a government authority. Risk Management should be contacted immediately about any unexpected government interview or investigation.



## Auditing and Monitoring

ANTHC receives time-sensitive audit requests and requests for records from federal, state and other agencies that should be forwarded to Compliance immediately. Agencies include:



## ANTHC Assets and Procurement

- We are responsible and accountable for the proper use of all ANTHC property and equipment entrusted to our care.
- We follow established internal control procedures in procuring, handling, recording, and disposing of ANTHC funds, property, equipment, and services.
- We respect and protect the intellectual property rights of individuals and companies with which we do business. We follow applicable copyright, patent, trademark and marketing laws and license agreements when we use this property, including computer software and printed publications. We do not copy company computer software unless it is specifically allowed in the license agreement.
- We use ANTHC property appropriately and take measures to prevent any unexpected loss of equipment, supplies, materials or services. We are aware that managers must approve any personal use of company-provided equipment, supplies, materials or services. Lost or stolen electronic equipment, including laptops, must be reported to IT or Compliance immediately.
- We report time and attendance accurately and will work productively while on duty.
- We avoid receiving any personal financial gain as a result of business travel or entertainment. We incur travel and entertainment expenses only to the extent they are consistent with our job responsibilities and the organization's needs and policies and procedures.
- We adhere to established policies and procedures governing record management and comply with the record retention and destruction policies/schedules for our departments.

## Managing Third-Party Risk

On June 1, 2020, the Criminal Division of the U.S. Department of Justice released updated guidance to its prosecutors on how to evaluate the design, implementation, and effective operation of corporate compliance programs in determining whether, and to what extent, the DOJ considers to be a compliance program to have been effective at the time of the offense and to be effective at the time of a charging decision or resolution.

The guidance emphasizes that “a company’s third-party management practices are a factor that prosecutors should assess to determine whether a compliance program is in fact able to ‘detect the particular types of misconduct most likely to occur in a particular corporation’s line of business.’” The 2020 revisions to the guidance now note specifically that “prosecutors should also assess whether the company knows the business rationale for needing the third party in the transaction, and the risks posed by third-party partners, including the third-party partners’ reputations and relationship, if any, with foreign officials.”

Third parties could include consultants, service providers, vendors, and independent contractors (“vendors”) which are an integral part of ANTHC’s workforce. It is a priority to ensure that vendors participate in the Compliance Program and uphold the Code of Ethics & Conduct, ANTHC policies, procedures, applicable laws, regulations, and accreditation standards when providing services. Vendors are required to participate in the ANTHC Compliance Program as demonstrated by vendors’ review and acknowledgment of the Code of Conduct.

In accordance with the Conflict of Interest Policy, vendors are prohibited from providing gifts or courtesies, including entertainment, travel, food, business luncheons, mugs, pens, or any other marketing materials regardless of value. ANTHC makes the Code of Conduct available to vendors. We make relevant training and education programs available to vendors. It is required that vendors abide by our Vendor Visits and Solicitation at ANMC Policy, Anti-corruption and Foreign Transactions Policy, Medical Equipment Management Implementation and Documentation Procedure and the Identifying Individuals Entering ANMC Facilities Procedure.



The goal of third party risk management is to provide healthcare organizations with a system to perform effective due diligence using a strategy to account for all current and potential weaknesses in vendors, suppliers and any additional third party with access to your systems.

1. **Onboarding:** Third party risk management does not only apply to existing third-party vendors but also to any prospective business relationships.
2. **Vendor Risk Assessment:** The Network Security Management Policy and the Malicious Software Management Policy ensure the protection of information passing over the ANTHC network, as well as the supporting infrastructure that relies on ANTHC's network for critical business and health care services. ANTHC system administrators should ensure that anti-malware software patches and versions are kept updated based on current industry recommendations.
3. **Breach Notification:** In accordance with the Business Associates and Health Information Policy, a Business Associate Agreement (BAA) is required, which includes satisfactory assurances from its business associates the business associate will appropriately safeguard the PHI it receives or creates on behalf of ANTHC. The BAA serves to clarify and limit permissible uses and disclosures of PHI by the business associate based on the relationship between the parties and the activities or services performed by the business associate. The BAA specifies they report to ANTHC any use or disclosure.











## 6. Commitment to Laws and Regulations

Our actions reflect our commitment to conduct all of our activities at ANTHC in an honest, ethical and professional manner in compliance with applicable federal, state and local laws, as well as our policies.

- We do not solicit, receive, give or offer anything of value to physicians or other health care providers for the referral of patients/clients or services. We strictly prohibit kickbacks, bribes, rebates or any kind of benefits intended to induce referrals.
- We compensate health care professionals and other providers fairly. Where compensation is on a per-service or per-patient basis, we pay only for services actually provided and documented.
- We do not discuss pricing with our competitors or otherwise engage in activities that violate laws concerning restraint of trade and fair business practices. ANTHC may give preference to Alaska Native and American Indian individuals and organizations in awarding contracts and grants as permitted or required by law and ANTHC's policies.
- We never engage in any business activity that we believe is unethical or illegal.
- We are truthful and straightforward in our advertising, fundraising and marketing activities. We ensure that all communications, disclosures of information and data are clear, accurate and complete to avoid misleading statements.
- We do not make false or misleading statements to any government agency, health care program or payer source.
- We are responsive to inquiries by government auditors, investigators or other officials, and we maintain a spirit of cooperation in our dealings with them.

## Fraud, Waste and Abuse

ANTHC is committed to preventing and correcting billing errors involving Medicare, Medicaid and its other payers. The federal government and many states have False Claims Act laws to penalize billing fraud, waste and abuse. If you suspect billing errors are occurring, you have an obligation to report these to leadership or the ANTHC Ethics & Compliance Services. Employees who report in good faith will be protected from retaliation. ANTHC Ethics & Compliance Services can provide more information and resources on billing issues and performs routine audits or reviews and monitoring, along with internal controls, which help ANTHC prevent and detect fraud, waste and abuse.

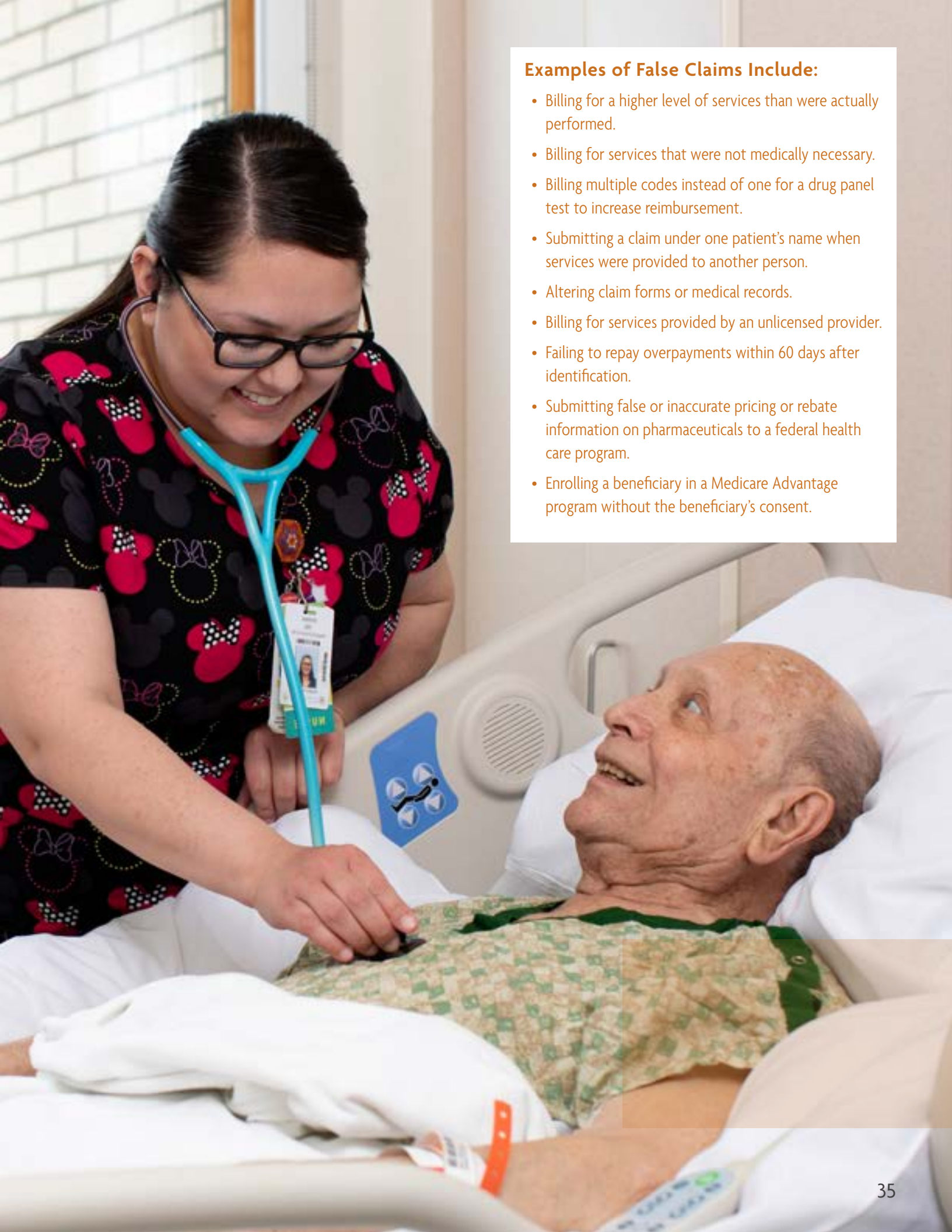
ANTHC policies and various federal and state laws prohibit fraudulent claims activity. The Federal False Claims Act and state fraud and abuse prevention laws prohibit conduct such as knowingly submitting a false or fraudulent claim, or using or making a false statement to get a false or fraudulent claim paid. Other laws governing Medicaid program integrity also look for ways to reduce fraud and abuse. ANTHC and its caregivers and other service providers can be prosecuted for filing inaccurate claims for reimbursement and can be subject to civil fines, criminal penalties or both.

### Anti-Kickback Law and Stark Law

ANTHC prohibits its caregivers and other service providers from offering, paying, asking for, or accepting any money or other benefit in exchange for patient referrals, purchases, leases or orders. All contracts and interactions with other referral sources are to follow all applicable laws and regulations.

	ANTI-KICKBACK LAW	STARK LAW
Prohibition	<b>Prohibits</b> offering, paying, soliciting or receiving anything of value to induce or reward referrals or generate Federal health care program business.	<b>Prohibits</b> 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. <b>Prohibits</b> 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 of services	Designated health services





### Examples of False Claims Include:

- Billing for a higher level of services than were actually performed.
- Billing for services that were not medically necessary.
- Billing multiple codes instead of one for a drug panel test to increase reimbursement.
- Submitting a claim under one patient's name when services were provided to another person.
- Altering claim forms or medical records.
- Billing for services provided by an unlicensed provider.
- Failing to repay overpayments within 60 days after identification.
- Submitting false or inaccurate pricing or rebate information on pharmaceuticals to a federal health care program.
- Enrolling a beneficiary in a Medicare Advantage program without the beneficiary's consent.



## Office of Inspector General (OIG) Exclusions

The Office of Inspector General (OIG) has the authority to exclude individuals and entities from federally funded health care programs for a variety of reasons, including a conviction for Medicare or Medicaid fraud. ANTHC has a responsibility to actively monitor all potential and current employees, as well as vendors, for excluded individuals or contracts. Anyone who hires an excluded individual or entity may be subject to civil monetary penalties (CMP), as defined in 42 CFR 1001.2. Sections 1156 or 1128(h). The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person. Please review the Government-Wide Screening Policy for more information.



## Marketing Practices

We market ANTHC services in a fair, truthful and ethical manner and adhere to the applicable federal and state regulatory standards. Our marketing materials are designed to reflect only the services available and the level of the provider's licensure and accreditation. ANTHC uses marketing and advertising to educate the public, report to our community, increase awareness of our services and recruit staff members. Marketing and advertising activities may be utilized for many purposes. Marketing materials and media announcements are to be presented in a truthful, fully informative and non-deceptive manner.



## Commitment to Laws and Regulations

### Grants

ANTHC strives to ensure that all grants comply with applicable policies and regulations and have transparent accountability. Grants are legal instruments through which funds are transferred to support a public purpose. ANTHC accepts the responsibility for grants in areas that include health care, construction, education, environmental and natural resource protection, research, and social services. ANTHC ensures compliance before issuing grant funding by following policies and procedures, setting clear expectations and internal controls, consolidating information systems to assist in managing grants, and providing grant management training to staff and grantees. Federal regulations stipulate that grantees must relate cost to performance. New standardized reporting formats issued by the federal Office of Management and Budget (OMB) require grantees to show accountability in these areas. The accounting policies of ANTHC will be consistent and compliant with applicable laws, regulations and standards. These include, but are not limited to:

- Generally Accepted Accounting Practices (GAAP)
- Accounting and financial reporting standards set forth by the Financial Accounting Standards Board (FASB)
- The Uniform Guidance (UG), which includes the granting agency's implementation plan and the award terms to determine what rules will apply to any new federal funding.
- Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)
- The State of Alaska (SOA) Audit Guide and Compliance Supplement for State Single Audits via 2 AAC 45.010(c)(3)
- The State of Alaska Administrative Code - Title 2 – Administration, Chapter 45 - Grant Administration
- Any other pertinent or applicable guidance or requirements



## Emergency Medical Treatment and Active Labor Act (EMTALA)

ANTHC follows the Emergency Medical Treatment and Active Labor Act (EMTALA) 42 USC Section 1395dd, and ensures an appropriate Medical Screening Examination by a physician or qualified medical personnel is available for all individuals who come to the Emergency Department seeking medical treatment, who request emergency medical care, or appear to need an emergency examination or emergency treatment while in the medical facilities of ANMC. If a pregnant individual presents to the Labor and Delivery Department requesting emergency medical care or appears to need an emergency examination or emergency treatment, a Medical Screening Examination will be performed by a physician or qualified medical personnel within the capability and capacity of the Labor and Delivery Department. Please refer to the Emergency Medical Services/Emergency Medical Treatment and Labor Act (EMS/EMTALA) Policy.



## Accreditation and Surveys

Joint Commission accreditation and certification means your organization complies with the highest national standards for safety and quality of care and is committed to continually improving patient care. The standards focus on state-of-the-art performance improvement strategies that help health care organizations continuously improve the safety and quality of care, which can reduce the risk of error or low-quality care. In preparation for, during or after surveys, ANTHC employees and affiliated persons deal with all accrediting bodies in a direct, open and honest manner. No action should ever be taken in a relationship with an accrediting body that would mislead the accrediting organization or its survey teams, either directly or indirectly.

### How We Comply with HIPAA: Safeguarding Patient Information

- We respect the privacy of others. We recognize we have access to the information of others on an authorized work-related “need to know” basis only.
- We demonstrate respect for patients by protecting the confidentiality of all personal information they share with us for the purpose of receiving quality medical care.
- We do not reveal medical, clinical or business information unless such disclosure is authorized by a legitimate clinical or business purpose, patient/client request, or court or agency order and complies with applicable laws, rules, and regulations, as well as our policies and procedures.
- We do not discuss patient information in any public area, including elevators, hallways, restrooms, lobbies or dining areas.
- We exercise care to ensure that confidential and proprietary information is carefully maintained and managed to protect its value.
- We do not disclose information regarding ANTHC’s financial performance without appropriate approval.
- We treat individual salary, benefits, payroll, personnel files, and information on disciplinary matters as confidential information.





# 7. Commitment to Treat Each Other with Dignity and Respect

## Workforce Conduct and Character

ANTHC expects employees to exercise good judgment, be vigilant about safety and compliance issues, follow rules of conduct, and avoid conduct that reflects unfavorably on ANTHC while on duty in the workplace (including anywhere on the ANMC campus or on ANTHC property), acting on behalf of ANTHC, or representing ANTHC. Please review the Workforce Conduct and Work Rules Policy.

ANTHC provides a safe workplace. ANTHC does not tolerate verbal or physical harassment or intimidation. One of ANTHC's greatest strengths is its highly skilled, motivated, and diverse workforce. ANTHC employees are expected to treat each other with dignity and respect. ANTHC is committed to attracting, motivating, and retaining an inclusive and diverse workforce. ANTHC complies with all applicable laws prohibiting unlawful discrimination in employment and applies Alaska Native/American Indian preference as required or permitted by the Indian Self-Determination and Education Assistance Act and other applicable laws.

Members of the workforce who have knowledge of, witness or experience sexual harassment in the workplace are strongly encouraged to report it promptly to a supervisor or Human Resources. Any supervisor or manager who becomes aware of possible sexual harassment by a member of the workforce is required to immediately report it to Human Resources. Sexual harassment or discrimination by someone who is not a workforce member, such as a patient or visitor, may be reported to a supervisor or to Risk Management.

All allegations of sexual harassment will be promptly and discreetly investigated. To the extent possible, confidentiality will be protected. When the investigation is complete, the affected person will be informed of the outcome of the investigation to the extent it is appropriate.

## Employee Responsibilities

In addition to patient information, other information created by ANTHC in the conduct of business, such as employee information, financial data, development plans, proprietary research data, marketing strategies or information about pending or contemplated business deals, is confidential information that belongs to ANTHC.

Employees should be familiar with the Code of Conduct and associated laws, regulations, policies and procedures. To eliminate conflicts of interest, bias, favoritism, intimidation or coercion related to close personal relationships to promote a respectful work environment and to uphold fairness in the workplace, we follow the Relationships in the Workplace Policy. Where possible, ANTHC will work collaboratively with the employees involved to resolve the situation and ensure compliance with this policy.

Romantic or sexual relationships that involve an employee in a leadership role (all levels of management) or between employees in the same department must be disclosed confidentially to HR. Relationships that involve a leader and an employee in their chain of command are prohibited. Other relationships involving a leader or within a department are not prohibited, but HR and next level of management will determine if steps need to be taken to mitigate potential areas of conflict of interest.

Employees must familiarize themselves with the Nepotism Policy to avoid potential conflicts of interest due to family relationships between members or potential members of the workforce, promote a respectful work environment, and uphold fairness in the workplace.

No one may hold a job or be hired into a job that results in one immediate family member being in another's chain of command or whose terms or conditions of employment he or she may influence. Immediate family member includes spouse, parent, son or daughter, sister or brother, grandparent or grandchild or domestic partner.

Due to increased employees working from home, the Remote Work Policy guides employees in situations where remote work may be approved. The policy also provides the requirements and accountabilities related to remote work, which apply to all remote workers.

Q&A

*My co-worker jokes about my colleagues' race and sexual preference. Is that OK?*

No, this behavior is inconsistent with our standards. Ask your manager or Human Resources representative to address the situation.





Remote work is considered when the role can effectively and efficiently be performed remotely. Remote work is primarily computer or phone-based and is highly collaborative and interactive. Remote work must have clear parameters and tracking mechanisms for performance management and evaluation. It does not require in-person contact with customers or require physical work done on site.

Out of Alaska remote work is considered only in limited circumstances and approved by President/CEO where there is evidence that the position requires competencies that are very limited in Alaska (Scarce Skill) and only approved in a limited number of States where ANTHC is running compliant payroll. Out of Alaska remote work must reflect our commitment to Alaska Native employee selection, development, and Alaska Native and American Indian preference.

Employees who have questions about the Code of Conduct, a law or regulation, Behavior Standards, or any ANTHC policy or practice should talk to their supervisor, a member of their management team, the Human Resources Office, or the Ethics and Compliance Program.

We have a responsibility to immediately report violations of this Code of Conduct or of any law or regulation to our supervisor or a member of management. Unprofessional, inappropriate or disruptive behavior should be reported promptly. Most situations can be resolved at this level. If a question or concern cannot be resolved through these established channels, employees should report the matter to the Chief Ethics and Compliance Officer, either directly or through the Ethics and Compliance Hotline. Failure to report a known violation or reasonable suspicions may subject an employee to disciplinary action and legal liability.

ANTHC staff should always strive to the highest quality in their work and their professionalism. A violation of the Code of Conduct, including failing to uphold Consortium values, is punishable by disciplinary action up to and including termination.

### Relevant Policies and Procedures:

- Contraband Handling Procedure
- Physical Security Program Policy
- Safety Program Policy
- Safety Policy
- Workplace Violence Prevention and Response Policy
- Harassment and Discrimination Policy
- Workforce Conduct and Work Rules Policy





## Human Resources

- We maintain a work environment that respects the rights and dignity of our fellow employees.
- We avoid inappropriate and potentially disruptive behavior and we work cooperatively through our supervisor, Human Resources Office or the Ethics and Compliance Program to resolve concerns about our own behavior and concerns about the behavior of others.
- We will not tolerate any form of threatening or abusive behavior, including sexual or any other form of harassment or discrimination.
- We provide communication channels and dispute resolution programs that allow employees to address concerns about compliance, ethical questions and behavioral standards without fear of retaliation.
- We provide pre-employment screening, training and performance feedback.
- We are aware that every manager is responsible for creating a safe, productive work environment in which concerns should be raised about compliance, ethical, behavioral and other issues. If an employee raises a question or concern, the manager must address it. If a manager does not know how to respond, he or she should seek assistance through the management team, Human Resources or the Ethics and Compliance Program.
- We familiarize ourselves and comply with the policies and procedures applicable to our employment and responsibilities at ANTHC.

ANTHC provides preferences, incentives, and support to Alaska Natives and American Indians in employment policies, practices and programs, including education and training opportunities, and takes other appropriate action to ensure their unique contributions are given appropriate recognition and value.



## Workforce Safety and Violence

ANTHC maintains a zero-tolerance policy towards violence and aggression. No member of the workforce should be subjected to violent, threatening or abusive behavior. Employees have the right to work and carry out their duties in an environment free from violence or threatening or abusive behavior.

- We do not bring weapons of any kind to ANTHC facilities. In the interest of creating a safe workplace environment, weapons of any kind are prohibited at ANTHC. The only exceptions shall be weapons in the possession of law enforcement officers or authorized personnel acting within the scope and authority of their employment.
- We recognize that ANTHC is a drug-free workplace. We do not tolerate the illegal use, sale, distribution, or possession of alcohol or illegal drug or chemical substances on ANTHC premises. We limit access to controlled substances to persons who are properly licensed or have express authority to handle or receive them.
- We strive to inform employees of the measures in place to manage incidents of violent, threatening or abusive behavior. We seek to ensure risks associated with violent, threatening or abusive behavior are managed through risk assessments, the identification and implementation of suitable controls, training for all relevant employees, and policies and procedures to reduce the likelihood of our employees being in a vulnerable position. We report any possible violation of the organization's safety policies and procedures, laws, regulations or standards to our manager or supervisor. We also report concerns about inappropriate and potentially disruptive behavior. If we are not satisfied that the issue has been addressed we will notify our supervisor, the Safety Office, or the Ethics and Compliance Program.



## Intellectual Property and Confidential Information

ANTHC's intellectual property and confidential information are valuable assets. Employees are required to take all appropriate steps to optimize the value and maintain the secrecy of these assets. For example, employees must maintain the secrecy of innovations for which ANTHC will seek or is seeking patent protection, the company's plans with respect to its use of trade or service marks, and any strategies regarding copyright-protected material. To preserve ANTHC's rights, trade secrets must be appropriately protected.

Confidential information must not be shared outside ANTHC without a confidentiality agreement approved by the Office of Legal Affairs. Confidentiality obligations continue even after you leave ANTHC. In many circumstances, confidential information may also be restricted within ANTHC. Sharing of this information is limited to those who have an authorized need to know, and they must keep the information secure. ANTHC's financial information is confidential and should not be shared outside the company without authorization.

Federal grants may provide that a nonprofit grantee may copyright any work subject to copyright which was developed or acquired under a grant or cooperative agreement. The federal awarding agency reserves the right to use the work for federal purposes only. For patents, government regulations under the federal Bayh-Dole Act generally permit nonprofits grantees to seek title to inventions developed with federal funds, as long as such efforts are perfected in a timely manner and provided that the federal government will retain nonexclusive, nontransferable, irrevocable, paid-up license to such inventions.





## Social Media

Workforce members must ensure that their use of social media is appropriate and consistent with ANTHC's policy, mission, vision, values and applicable legal requirements. Sensitive, proprietary and confidential information about ANTHC, ANMC, patients, business partners and workforce members may not be posted on ANTHC, ANMC or personal social media channels or websites. Posts may not reveal or reference information related to proprietary information, trade secrets, internal drafts, pre-publication drafts, non-public information, financial or performance information, strategic decisions, leadership, business activities, patient care, operations, personally identifiable information, protected health information, or other confidential or sensitive information about patients or personnel.

Workforce members should safeguard against creating the appearance that they represent ANTHC or are expressing the opinions of ANTHC on social media, even on their own accounts. Photos and images with protected or sensitive information may not be posted or displayed, including those taken in the workplace, or that show a patient who have not given permission. Please refer to the Social Media Policy, Social Media Use FAQ and the Hip Hip Hooray for HIPAA FAQ for additional information.





## Mobile Devices, Electronic Media, Internet and Email Use

ANTHC monitors all electronic communications in accordance with applicable laws. ANTHC is committed to protected Electronic Protected Health Information (ePHI) and other sensitive information through standardized configurations of Information Technology (IT) and related processes throughout ANTHC. ANTHC understands that workforce members may carry personal cellular phones, pagers, or other approved electronic communication devices (“devices”) with them during working hours, so long as their use does not interfere with productivity, create an unreasonable distraction to others, or compromise privacy.

Workforce members who use either a personal or issued cellular phone or other electronic communication devices for any work-related purpose must comply with the Workforce Privacy Practices Procedure. Text messaging with patients is only permissible when the patient has provided written consent to receive communication via text messages after being informed of the risks associated with communication of ePHI via text and provided valid contact information for receiving text messages, as per the Communicating Health Information by Text Message Policy.

EMI (Electro-magnetic interference) from devices such as cellular telephones, two-way radios, radio remote control games, and cordless telephones may interfere with the proper operation of medical devices when in close proximity, contributing to potentially life-threatening situations. The Cellular Telephone and Other Electro-Magnetic Interference (EMI) Emitting Devices Use Policy describes where the danger of electro-magnetic interference to medical devices may exist. The use of wireless emitter (intentional radiators of radio transmissions) devices by ANMC personnel is restricted to those devices furnished by ANMC or personal devices specifically approved for use by Clinical Engineering.

ANTHC employees are required to take precautions to protect these tools. Exercise reasonable care to protect confidential business information and mobile devices, such as laptop computers, external drives, mobile phones, and the like from theft or unauthorized access.

- Encrypt or password protect data;
- Keep mobile devices with you or lock these while traveling;
- Protect ANTHC’s confidential information and electronic media;
- Comply with local data-protection laws;
- Use these tools primarily for business purposes; only incidental personal use is permitted; and
- Use these tools consistent with ANTHC’s Cellular Phone and Electronic Communication Device Policy.



# Commitment to Treat Each Other with Dignity and Respect

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## Media Relations

All requests from news reporters, the public, or other external parties for information should be referred to the ANTHC Marketing and Public Communications Department. A Marketing and Communications team member must coordinate all media requests. Caregivers should never release information to journalists or to the public without the permission of ANTHC Marketing and Public Communications Department. This includes tweets and postings on social media sites, blogs, and other media.

ANTHC's reputation in the community depends on having appropriate channels for discussion and providing accurate, timely, and consistent information. ANTHC authorizes only certain individuals to speak to the media. Unless you have been expressly authorized to speak on behalf of ANTHC, you must direct all inquiries from the media to the ANTHC Marketing and Public Communications Department, per the Media Contact and Contributions Policy.







ALASKA NATIVE  
TRIBAL HEALTH  
CONSORTIUM

**ANTHC Ethics & Compliance Services**  
(877) 772-6743 | [anthc.ethicspoint.com](http://anthc.ethicspoint.com)

