

MODULE 09

Code of Conduct & Compliance

Integrity, Ethics & Your Legal Obligations

WHAT YOU'LL LEARN

Learning Objectives

- 01 Describe NobleCare's core conduct standards and why they exist
- 02 Explain the conflicts of interest policy and give an example
- 03 State the gift policy limits and correct response to offers
- 04 Identify three examples of healthcare fraud and what to do if you witness it
- 05 Describe the anonymous reporting process and non-retaliation protections

THE BIG PICTURE

Compliance Protects **Everyone**

Healthcare fraud costs the U.S. over **\$100 billion** annually. It drives up costs, harms patients, and destroys agencies.

NobleCare's compliance program is built on the OIG's 7-element framework and applies to **every employee from Day One**.

THE FOUNDATION

Core Conduct Standards

1

INTEGRITY

Be honest in everything: documentation, billing, communications. Dishonesty is never acceptable.

2

PROFESSIONAL CONDUCT

Treat patients, families, colleagues, and supervisors with respect at all times.

3

ACCURATE RECORDS

Document only what actually happened. Falsifying records is fraud — period.

4

REGULATORY COMPLIANCE

Follow all applicable laws, regulations, and agency policies without exception.

5

PROACTIVE REPORTING

If you see something wrong, say something. Silence is complicity.

ETHICS

Conflicts of Interest

A conflict of interest occurs when your personal interests interfere — or could **appear** to interfere — with NobleCare's interests or a patient's welfare.

- **Working privately** for a NobleCare patient "off the books" while still employed here
- **Accepting business referrals** from patients or their families
- **Financial relationship** with a vendor or supplier NobleCare uses
- **Personal relationship** with a patient that compromises professional judgment

If you have a potential conflict, disclose it to the Administrator in writing. Concealment is always worse than the conflict itself.

KNOW THE LIMITS

The Gift Policy

- **No gifts exceeding \$25** in value from patients or families
- **No cash gifts** of any amount — including gift cards
- **No gifts that could influence** how you provide care
- **No tipping or bonus payments** directly from patients

WHAT TO SAY WHEN A PATIENT INSISTS

"That's very kind of you, but agency policy doesn't allow me to accept gifts. The best thing you can do for me is let me know if there's anything I can do better for you."

RECOGNIZE IT

Healthcare Fraud — What It Looks Like

SCENARIO	THE FRAUD
Documenting a visit that didn't happen	False claim for services not rendered
Inflating the time spent on a visit	Upcoding
Doing a favor in exchange for patient referrals	Anti-Kickback Statute violation
Billing for skilled service by unqualified person	Fraud and scope violation

If you see it, report it. If you participate in it, you are personally liable.

FEDERAL LAW

The False Claims Act

Submitting false claims to Medicare or Medicaid is a **federal crime**. The consequences are severe — for the agency and for you personally.

PENALTIES

- Up to **\$27,894 per false claim**
- **Triple damages** — 3x the amount fraudulently billed
- Criminal prosecution and imprisonment
- Exclusion from all federal healthcare programs

WHISTLEBLOWER PROTECTIONS

- Employees who report fraud are **legally protected**
- May be entitled to a share of recovered funds
- Retaliation against whistleblowers is illegal
- Reports can be made anonymously

FEDERAL LAW

The Anti-Kickback Statute

It is **illegal** to offer, pay, solicit, or receive anything of value in exchange for referrals of patients covered by federal healthcare programs.

ILLEGAL KICKBACKS

- Free services to a physician in exchange for referrals
- Cash payments to hospital discharge planners
- Gift baskets or event tickets to referral sources
- Providing a "bonus" for every new patient referred

HOW REFERRALS SHOULD WORK

- Referrals based solely on patient need and quality of care
- No financial incentives or gifts exchanged
- Transparent, documented referral relationships
- When in doubt, ask the Administrator

SPEAK UP

How to Report a Concern

- 01 **Talk to your supervisor** — the most direct path
- 02 **Talk directly to the Administrator** — Sahur Aser, RN BSN
- 03 **Submit a written concern anonymously** to the Administrator's mailbox
- 04 **Email the compliance line:** compliance@noblecareohio.com

All reports are **confidential**.

Retaliation is **prohibited**.

Good-faith reporters are **protected by law**.

DAILY PRACTICE

Integrity in Daily Work

Compliance is not a department or a policy manual. It is how you conduct yourself **every single day**.

INTEGRITY LOOKS LIKE

- Clocking in when you arrive, out when you leave
- Documenting exactly what happened — nothing more
- Following the care plan, not freelancing
- Reporting errors immediately
- Treating patient information as confidential

INTEGRITY VIOLATIONS

- Rounding up hours or inflating visit times
- Documenting tasks you didn't perform
- Sharing patient information with friends
- Covering for a colleague's absence or error
- Ignoring policy because "no one will know"

DIGITAL CONDUCT

Social Media & Confidentiality

What you post online can have serious consequences — for patients, for the agency, and for your career.

- **Never post about patients** — even without names, details can identify them
- **No photos** of patients, their homes, or their belongings
- **No complaints about patients or families** on social media — even in private groups
- **Do not identify NobleCare** in connection with negative content
- **Screenshots spread** — private messages are never truly private

If you wouldn't say it in front of your supervisor and the patient's family, don't post it.

THE STANDARD

*"If you see something wrong
and say nothing,
you are part of the problem."*

Compliance is not about catching people. It's about building a culture where **doing the right thing** is the norm.

ACCOUNTABILITY

Consequences of Non-Compliance

Violations of the Code of Conduct are taken seriously. Consequences are progressive but severe when warranted.

- 01 **Verbal counseling** — documented discussion with supervisor
- 02 **Written warning** — formal notice with corrective action plan
- 03 **Suspension** — removal from schedule pending investigation
- 04 **Termination** — for serious or repeated violations
- 05 **Legal referral** — for fraud, abuse, or criminal conduct

Some violations warrant immediate termination: falsifying documentation, patient abuse, theft, working under the influence, and HIPAA violations.

YOUR RESOURCE

Your Compliance Officer

Sahur Aser, RN BSN

OWNER · ADMINISTRATOR · COMPLIANCE OFFICER

PHONE

(740) 262-9845

COMPLIANCE EMAIL

compliance@noblecareohio.com

The Compliance Officer is responsible for overseeing the compliance program, investigating concerns, and ensuring corrective actions are taken. **You always have direct access.**

ONGOING REQUIREMENT

Compliance Is Ongoing

This training is not a one-time event. NobleCare requires annual compliance refresher training for every employee.

- **Annual compliance training** — required every 12 months
- **Policy updates** — communicated as they occur; you must acknowledge receipt
- **Compliance audits** — conducted internally on a regular basis
- **New employee orientation** — compliance training on first day of hire
- **Corrective action follow-up** — any deficiencies must be resolved and documented

WHAT WOULD YOU DO?

Scenario

SITUATION

David has been caring for Mr. K for eight months. Mr. K's family offers to pay David directly to provide extra weekend care — *"Just between us, no need to involve the agency."* They offer **\$25/hour cash**.

- A) Accept — it's extra income and the family is happy
- B) Accept but tell your supervisor about the extra hours
- C) Decline and direct the family to contact the office for additional hours**
- D) Accept for now and plan to disclose it later

CORRECT ANSWER: C

Decline and Redirect to the Office

WHY DAVID MUST DECLINE

- Working "off the books" is a **conflict of interest** and a policy violation
- Removes David from NobleCare's **insurance coverage**
- Bypasses safety systems — no supervision, no documentation, no care plan
- Grounds for **immediate termination** if discovered

WHAT DAVID SHOULD SAY

"I appreciate your trust in me. If you need additional care hours, I'd love to keep supporting your dad, but it needs to go through the agency. Let me give you the office number."

WHAT WOULD YOU DO?

Scenario

SITUATION

You notice that a colleague's visit notes consistently show visits lasting **4 hours**, but you personally saw that colleague leave the patient's home after **2 hours** on multiple occasions.

- A) Mind your own business — it's not your documentation
- B) Confront the colleague privately
- C) Report your concern to the Administrator through the reporting process**
- D) Document it in your own visit notes as a record

CORRECT ANSWER: C

Report It — This Is Billing Fraud

Documenting inflated visit times is **billing fraud**. Your compliance obligation requires you to report it — not confront the colleague or ignore it.

WHY EACH WRONG ANSWER FAILS

- **A — "Mind your own business"** makes you complicit in fraud through silence
- **B — Confronting the colleague** gives them a chance to cover their tracks and doesn't create a record
- **D — Your own visit notes** are not the right place to report another employee's behavior

Use the reporting process. It exists to protect patients, the agency, and you.

REVIEW

Knowledge Check

1. A patient's family offers you a \$50 gift card. What do you do?

Decline politely — it exceeds the \$25 limit and gift cards are treated as cash equivalents

2. A physician offers free services to NobleCare's owner in exchange for referrals. What is this?

A potential Anti-Kickback Statute violation — providing anything of value in exchange for referrals is illegal

3. You suspect billing fraud. What should you do?

Report your concern confidentially to the Administrator — you don't need proof, just reasonable suspicion

4. A conflict of interest must be:

Disclosed to the Administrator in writing so it can be assessed — concealment is worse than the conflict

5. What are the five core conduct standards?

Integrity, Professional Conduct, Accurate Records, Regulatory Compliance, and Proactive Reporting

Code of Conduct & Compliance

KEY TAKEAWAYS

- Five core standards: Integrity, Conduct, Records, Compliance, Reporting
- No gifts over \$25, no cash gifts ever
- Never work "off the books" for NobleCare patients
- Report fraud — silence is complicity
- Whistleblowers are protected by law
- compliance@noblecareohio.com for concerns

Next → [Module 10: Billing Integrity](#)