



**Manual for
Residents and Fellows**
2021-2022

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PURPOSE OF THIS MANUAL

This manual contains information for GME and GPR programs, ACGME Institutional and Program Requirements, CODA Requirements, MAHEC employee policies and benefits, and other general information for you as a MAHEC employee. You should familiarize yourself with the manual and use it as a reference.

The Resident Physician & Dentist Contract/Letter of Agreements, state laws, ACGME Institutional and Program Requirements, CODA Requirements, and policies and procedures of MAHEC and GME/GPR formally specify terms of employment.

Pertinent information is contained in the resident manual to help make your orientation and your residency training goes smoothly. If you have comments and/or suggestions for making this manual more useful please email the GME office at GME@mahec.net.

List of Common Terms

Accreditation Council for Graduate Medical Education (www.acgme.org) The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post-medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines. It is a voluntary association formed by five member organizations. Its member organizations are national professional bodies, each of which has major interests in, and involvement with, residency/fellowship education.

The five member organizations of the ACGME are as follows:

- American Board of Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies (CMSS)

Each member organization selects four representatives to the ACGME. The representatives of the member organizations in turn select two public members.

Clinical Competency Committee

The clinical competency committee (CCC) is a required body comprising three or more members of the active teaching faculty who are advisory to the program director and review the progress of all residents/fellows in the program.

Competencies

Competencies are specific knowledge, skills, behaviors and attitudes, and the appropriate educational experiences required of residents/fellows to complete GME programs. These include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.

Complement

A complement is the maximum number of residents or fellows approved by a residency/fellowship review committee per year and/or per program based upon availability of adequate resources.

Designated Institutional Official

The designated institutional official (DIO) is the individual in a sponsoring institution who has the authority and responsibility for all the ACGME-accredited programs.

Graduate Medical Education Committee

The graduate medical education committee (GMEC) is responsible for establishing and implementing policies and procedures, overseeing program compliance with ACGME program guidelines, and reviewing all program changes.

Graduate Medical Education Administrative Director

The Graduate Medical Education Administrative Director is a professional responsible for assisting the Designated Institutional Official with the Residency and Fellowship Programs and supervision of the Program Administrators.

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) is United States legislation that provides data privacy and security provisions for safeguarding medical information.

Hospital

The hospital is the acute care facility to which a particular resident or fellow is assigned for their program.

Program Administrator

The Program Administrator is a professional responsible for assisting the program director with the day-to-day administration of the resident or fellow training program.

Program Coordinator

The Program Coordinator is a professional responsible for assisting the Program Administrator with the day-to-day administration of the resident or fellow training program.

Program Director

The program director (PD) is the one physician designated with authority and accountability for the operation of the residency/fellowship program.

Program Evaluation Committee

The program evaluation committee (PEC) is responsible for planning, developing, implementing and evaluating educational activities of the program. They are also responsible for reviewing and making recommendations for revision of competency-based curriculum goals and objectives, addressing areas of noncompliance with ACGME standards, and reviewing the program annually using evaluations of faculty, residents, fellows and others.

Postgraduate Year

Postgraduate year (PGY) is the denotation of a postgraduate resident's/fellow's progress in his or her residency and/or fellowship training; it is used to stratify responsibility in most programs. The PGY does not necessarily correspond to the resident's/fellow's year in an individual program. For example, a fellow who has completed a pediatric residency program and is in the first year of a pediatric endocrinology fellowship program is a pediatric endocrinology 1 level and a PGY-4.

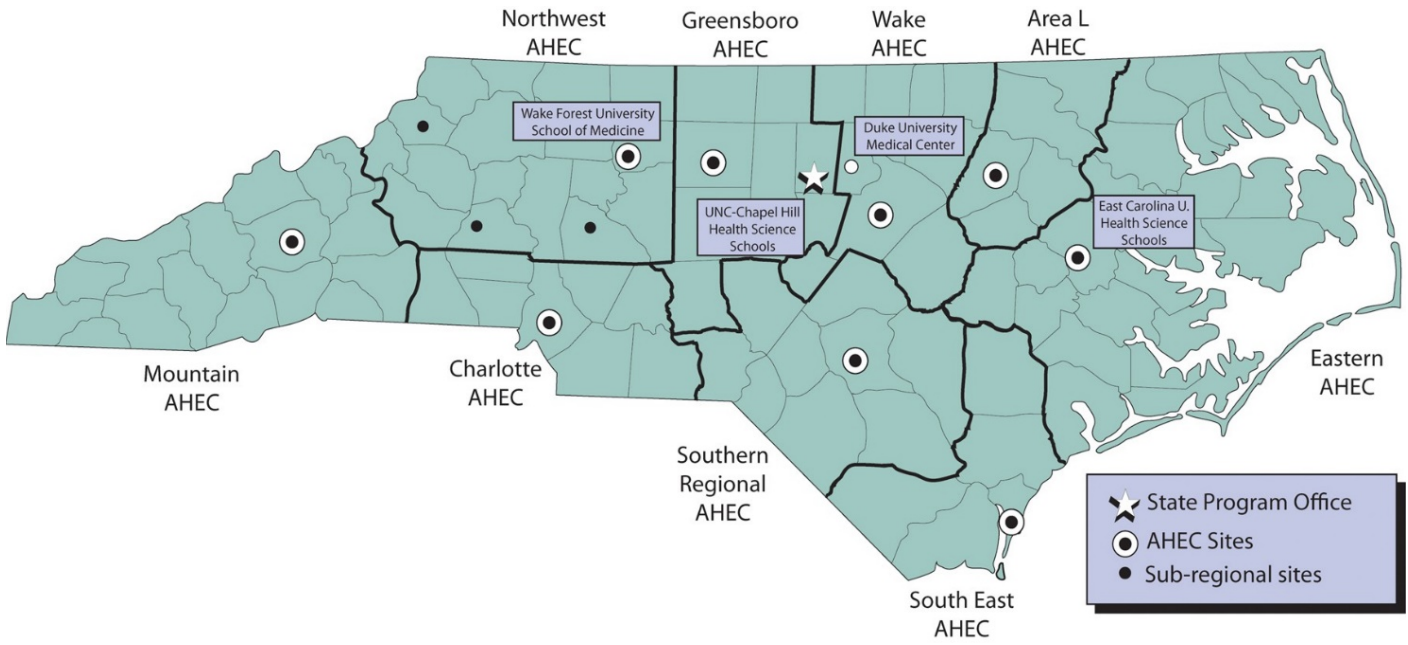
Remediation

Residents/fellows may undergo remediation, which allows for correction of deficiencies that require intervention. Remediation is a method to assist each learner in reaching his/her fullest potential by addressing areas of deficiency toward graduation requirements. A remediation plan may be issued to address and correct the resident's/fellow's performance deficiencies that may cause disruption to a resident's/fellow's progression or continuation within the program. Remediation is not a form of punishment but is a method used to help the resident or fellow improve.

Review Committee or Residency Review Committee

The function of a review committee (RC), or residency review committee (RRC), is to set accreditation standards and to provide peer evaluation of residency programs and fellowships (or, in the case of the institutional review committee, to set accreditation standards and to provide peer evaluation of sponsoring institutions).

NC AHEC MAP



HISTORY OF MAHEC

MAHEC was founded in 1974 as a not-for-profit educational corporation with a Board of Directors initially including representatives from Memorial Mission Hospital, St. Joseph's Hospital, and the Buncombe County Medical Society. The current Board of Directors consists of 18 at-large members of healthcare and business professionals from across MAHEC's 16-county region and the state. Dr. Jeffery E. Heck, Chief Executive Officer, is a voting member of the Board of Directors. Dr. William Hathaway is the 2020 Board Chair.

Operational departments include Family Medicine, Obstetrics and Gynecology, General Dentistry, General Surgery, Psychiatry, Internal Medicine, Continuing Professional Development, Research, and School of Medicine/Health Professions Education. Administrative divisions include: Office of the President/CEO; Fiscal Services; Talent Management; GME/GDE oversight; Marketing and Communications; Information Technology (IT); Corporate Compliance/Risk Management; Quality Improvement/Infection Prevention/Occupational Health and Safety; Health Sciences Library and Knowledge Services; Facilities Management; and Central Business Office (HIM, Billing, Coding, Referrals, Credentialing.)

MISSION & VALUES STATEMENT

MISSION STATEMENT

The NC AHEC Program provides and supports educational activities and services with a focus on primary care in rural communities and those with less access to resources to recruit, train, and retain the workforce needed to create a healthy North Carolina. Located in Asheville, MAHEC is one of nine centers in the NC AHEC Program and serves the western part of our state.

VALUES STATEMENT

EXCELLENCE - We deliver quality activities and services that our customers and partners value. DIVERSITY - We promote equity and inclusivity. INTEGRITY - We act with fairness, transparency, and the highest level of ethics. COLLABORATION - We value partnerships and support interprofessional approaches. IMPROVEMENT - We continuously innovate and improve our work.

FOUNDATIONAL PRINCIPLES

Civility: We treat all people with respect and kindness, all the time.

Inclusivity: We value the contribution of people different than ourselves and the merits of an organization that reflects differences in our teams and our community.

Empowerment: We value engagement, commitment, and ownership of MAHEC's mission, work, and budget.

DIVERSITY STATEMENT

Mission Statement for a Work Environment Free of Racism and Prejudice

MAHEC aspires to be free from individual and institutional expressions of racism and prejudice. We value and support the diversity and individuality of our staff and the people we serve. MAHEC advances the development of a diverse health care workforce within its own organization and across Western North Carolina, in which each person has full membership.

STRATEGIC PLAN

MAHEC 2018-23 FIVE-YEAR STRATEGIC PLAN

Item #	Goal	Progress
UNC Health Sciences at MAHEC		
	<p>Our academic affiliation is with the University of North Carolina and we are a branch campus created to serve the people and institutions of Western North Carolina (WNC).</p> <p>We aspire to be the center of health education innovation in medicine, pharmacy, public health, dentistry and advanced nursing practice and to encourage young students from under-represented segments of our society to consider careers in these and other healthcare fields.</p> <p>Our clinical practices are inter-professional in their staffing, team-based in their delivery of care, and patient centered in their culture of care.</p> <p>We are committed to service excellence, exceeding the expectations of every patient and customer, every time.</p> <p>We measure the success of our educational and clinical programs by our achievements in quality clinical practice and placement of graduates in underserved areas of the State, especially in rural areas.</p> <p>We commit to building and supporting a diverse and inclusive workforce by creating equitable workplaces and teaching environments that value civility and inclusiveness.</p> <p>Every person will be valued and empowered to reach their full potential.</p> <p>We endeavor to create health parity in WNC by applying upstream population health approaches in our education of health professionals and engagement in community initiatives.</p> <p>We value our clinical partners, especially Mission Health, UNC Pardee, and the many academic and clinical faculty who teach our learners.</p> <p>We also value our other UNC partners, Western Carolina University, and the University of North Carolina Asheville.</p>	
Foundational Principles		
1	Civility: We treat all people with respect and kindness, all the time.	●
2	Inclusivity: We value the contribution of people different than ourselves and the merits of an organization that reflects differences in our teams and our community.	●
3	Empowerment: We value engagement, commitment, and ownership of MAHEC's mission, work, and budget.	●
Medical Education		
1	Recruitment focus to select residents/fellows with rural North Carolina background and ethnic diversity. The interview process is designed to achieve these results.	●
2	On average, fifty percent of all graduates practice in WNC and twenty percent practice in any rural county in North Carolina.	●
3	Be the provider of GME in WNC, taking into account the workforce needs of the region and the interests of key organizational stakeholders.	●
4	Twenty percent of resident/fellow didactic education is taught by simulation with at least three faculty in every division trained to teach in the simulation center.	●
5	Residents/fellows participate in meaningful scholarly activity. Seventy-five percent of resident/fellow research projects have a faculty principal investigator.	●
6	Every resident/fellow in Family Medicine, General Surgery, Psychiatry and General Dentistry completes at least six weeks of training outside Buncombe and Henderson County over the course of their residency/fellowship.	●
7	Curriculum for residency/fellowship programs provides broad and comprehensive educational experiences, preparing doctors for generalist practice.	●
8	All faculty actively participate in curriculum development and oversight, participate in simulation education, conduct scholarly work, and/or serve in administrative roles.	●
9	Faculty participate in the UNC Appointment and Promotion process and are eligible for salary increases when promoted.	●
10	Develop innovative training programs to increase rural recruitment and retention, specifically:	●
a	Develop rural teaching practices and a network of regional preceptors	●
b	Develop formal efforts to recruit faculty in rural areas in all residency specialties and sustain rural preceptors through inclusive, collegial faculty development activities	●
c	Collaborate with pipeline programs, including development of mentoring relationships (e.g. FIRST Program: a 3+3+3 program fast-tracking medical students into rural primary care practice)	●
d	Develop a formal three-year curriculum that will increase skills and knowledge of caring for frail elderly	●

GREEN – PROGRESS

YELLOW – NEEDS IMPROVEMENT

RED – NO PROGRESS

Item #	Goal	Progress
11	Develop rural dental residency track in Columbus combined with a dental assistant training program in collaboration with Isothermal Community College. This program will also train UNC dental students.	
12	Incorporate oral health into the interdisciplinary curriculum and clinical training programs as part of the efforts to improve population health	
13	Psychiatry and General Surgery programs will train residents in rural settings, and the curriculum will be broad in scope to equip practitioners for generalist practice.	
14	Develop and implement a plan to facilitate the transition of General Surgery and Psychiatry resident training into rural practice settings and with underserved populations; initially in WNC and then also with other parts of North Carolina.	
15	Develop primary care educational experience for Psychiatry residents.	
16	Develop telepsychiatry precepting capability.	
17	Teach residents to become medical educators and involve them in medical student education.	
18	Develop a regionally focused curriculum for the branch UNC Gillings/UNCA School of Public Health and attract the best qualified students to enroll, especially those who are more likely to work in rural areas.	
19	Measure and communicate public health benefits of improved access to behavioral health services.	
a	Number of Emergency Department visits	
b	Length of Emergency Department stays	
c	Number of suicide deaths	
d	Number of overdose deaths	
20	Identify and maintain measurable and trackable outcomes and dashboards to determine return on investment (ROI) for existing student and pipeline programs and determine priorities for additional resources and research purposes. Report these outcomes widely across the State.	
21	Develop systems to understand and meet the needs of all providers to enhance their preceptor experience:	
a	Develop a rural provider "package" that explains all of the individual and practice benefits to precepting, and a systematic approach to visiting all rural preceptor practices at least once a year and twice a year for new preceptors	
b	Establish four geographically distributed teaching practices for third-year UNC School of Medicine Asheville Campus students by 2021	
c	These collaborative rural teaching practices will include Family Medicine, Ob/Gyn, Surgery, Dental, Pharmacy, and behavioral health residents, fellows, and students	
d	Produce a meaningful internal and external preceptor communication program	
e	Develop a dynamic integrated provider database	
22	Expand the UNC School of Medicine Asheville Campus (SOM) to 30 students by school year 2019-20 and to 40 students by school year 2023-24.	
a	Develop the curriculum and launch a unique SOM program to meet the training needs of rural physicians	
b	Cultivate sites and preceptors to the extent the growth in SOM students will be accommodated in rural areas	
c	Create an organizational structure that will maintain the existing learning environment and personalized student support during a time of rapid growth	
	Clinical Practice	
1	Develop efficient, appropriately staffed, clinical operations that lead to budget stability and high staff, provider, and patient satisfaction.	
2	Create a dynamic dashboard to measure birth and overall health outcomes for women in order to monitor progress towards reducing healthcare disparities.	
3	Continue to pilot and create models of healthcare to ensure access for women in the region through a WNC Ob/Gyn safety net program.	
4	Expand Project CARA (Care that Advocates Respect/Resilience/Recovery for All) and add residential care for women with substance use disorders (SUDs).	
5	Create the most Patient-Centered Care Ob/Gyn practice in region and state with the highest patient satisfaction by objective measurements.	
6	Improve access to outpatient Ob/Gyn care at MAHEC.	
7	Transform practices for readiness for population health:	
a	Identify social determinants of health, incorporate them into clinical practice, and advocate connections with effective community resources	
b	Success in commercial quality plans, always achieving highest tier in quality	
c	Readiness for new types of contracts including some which are capitated or have downside risk	

GREEN – PROGRESS

YELLOW – NEEDS IMPROVEMENT

RED – NO PROGRESS

Item #	Goal	Progress
d	Knowledge of provider panels and management of individual members	●
e	High success in achieving the quadruple aim	●
f	Improved health equity outcomes	●
g	Optimized workflow	●
h	Efficient inter-professional outpatient care that also achieves highest quality scores	●
i	Elimination of waste and duplication of services	●
☐	Continuing Professional Development (CPD) and Research	
1	Continue to trial new models of supplying regional provider needs to ensure access for WNC women to care for high-risk obstetrics and substance use disorders.	●
2	Develop nationally recognized and collaborative substance use/opioid program (local, regional, state) with a focus on CPD, development and dissemination of evidence-based treatment, community engagement, and research.	●
3	The Simulation Center, located on the MAHEC Biltmore campus, will become nationally recognized: center achieves accreditation by Society for Simulation in Healthcare (SSH); staff attains Certified Healthcare Simulation Educator (CHSE) status; and development of innovative local, state, and national simulation programs to improve rural community outcomes.	●
4	Expand Project ECHO (Extension for Community Health Outcomes) and CPD programs to engage fifty percent more healthcare providers including physicians, nurses, and other professionals from rural WNC areas.	●
5	Develop monthly CPD programs that are appealing to both rural and urban faculty and include national speakers in Family Medicine, Ob/Gyn, Psychiatry, Oral Health, Surgery, and Research.	●
6	Establish nursing division as part of UNC Health Sciences at MAHEC with an academic focus to support rural initiatives.	●
7	Become leaders in, and a primary source of information for, the State on WNC and rural health, and have research team members participate in at least five local, state, or national committees.	●
☐ 8	Create and foster at least five local, state, and national research collaborations that inform policies and programs regarding priorities including:	●
a	Rural healthcare workforce	●
b	Academic medicine	●
c	Medicaid reform	●
d	Substance use disorders prevention, treatment, and harm reduction	●
e	Women and infant health with a focus on maternal and infant mortality and morbidity	●
f	Health disparities and racial equity	●
9	Involve at least ten faculty and their learners in more impactful studies resulting in at least ten major publications by streamlining the research process and opportunities, and supporting/ mentoring/teaching	●
	Budget and Finance	
1	Operating budget reflects a minimum 2% operating margin by 2021-22 fiscal year.	●
2	Graduate Medical Education (GME) costs operate at median of national benchmarks by 2019-20 fiscal year.	●
3	Competitive compensation ensured for all employees.	●
4	All employees paid a living wage.	●
5	Annual budget variance at no more than 2%.	●
6	All divisions operate at a positive margin.	●
7	All billing providers see a minimum of 95% of predicted visits at the end of each fiscal year.	●
8	Minimum cash on hand is at least 60 days.	●
9	Operate with administrative efficiency.	●

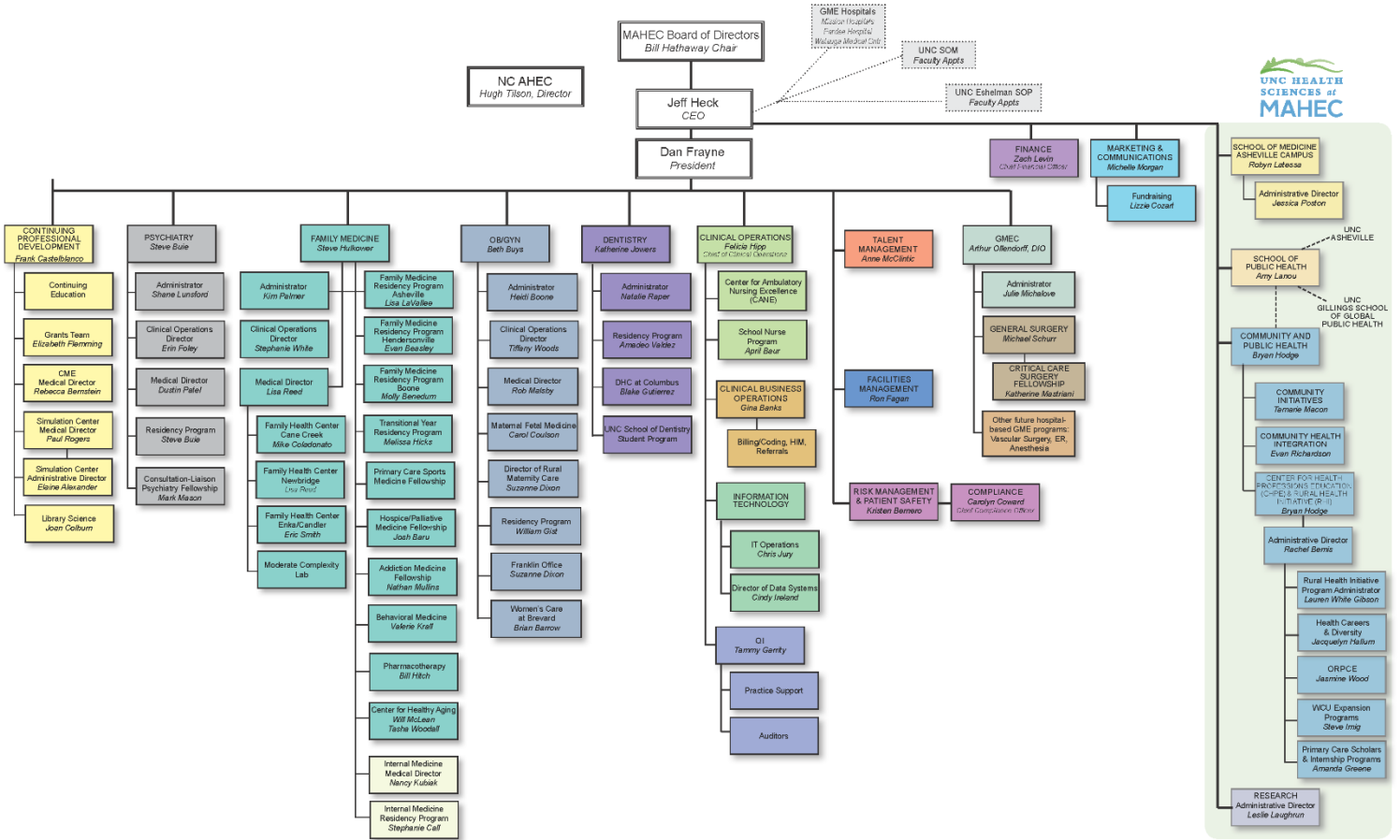
GREEN – PROGRESS

YELLOW – NEEDS IMPROVEMENT

RED – NO PROGRESS

ORGANIZATIONAL CHART

Mountain Area Health Education Center



FACILITY LOCATIONS / INFORMATION

MAHEC Family Health Center at Biltmore

123 Hendersonville Rd., Asheville NC 28803
828-257-4730

MAHEC OB/GYN Specialists - Asheville

119 Hendersonville Rd., Asheville NC 28803
828-771-5500

MAHEC OB/GYN Specialists - Franklin

56 Medical Park Drive, Franklin NC 28734
828-634-4565

MAHEC Women's Care - Brevard

87 Medical Park Drive, Suite B, Brevard NC 28712
828-547-3004

MAHEC Dental Health Center and Center for Advanced Training

123 Hendersonville Rd., Asheville NC 28803
828-252-4290

MAHEC Dental Health Center at Columbus

130 Forest Glen Drive, Columbus NC 28722
828-722-0003

MAHEC Center for Psychiatry and Mental Wellness

125 Hendersonville Rd, Asheville NC 28803
828-398-3601

MAHEC Internal Medicine at Biltmore

123 Hendersonville Rd., Asheville NC 28803
828-771-3500

MAHEC Family Health Center at Newbridge

218 Elkwood Ave., Asheville NC 28804
828-257-4747

MAHEC Family Health Center at Cane Creek

1542 Cane Creek Rd., Fletcher NC 28732
828-628-8250

MAHEC Family Health Center at Enka/Candler

1914 Smokey Park Hwy, Candler, NC 28715
828-418-0040

Hendersonville Family Health Center

709 N. Justice Street, Suite B, Hendersonville, NC 28791
828-696-1234

App Family Medicine

148 Highway 105 Ste 102, Boone, NC 28607
828-386-2222

DEPARTMENT OF ADMINISTRATION

As an educational organization, MAHEC program departments and/or divisions include Family Medicine, Obstetrics and Gynecology, General Dentistry, General Surgery, Psychiatry, Internal Medicine, UNC School of Medicine Asheville Campus/Center for health Professions Education, Continuing Professional Development, and Research. Administration includes the following departments: Office of the President and CEO; Fiscal Services; Talent Management; GME/GDE Oversight; Marketing & Design; Information Technology (IT); Risk Management/Corporate Compliance/Quality Improvement; Facilities Management; Central Business Office (HIM, Billing, Coding, Referrals, Credentialing), Development, and Health Innovative Partners (HIP) Team.

Corporate Compliance & Risk Management

Contact the Office of Corporate Compliance and Risk Management when you have questions or concerns regarding: (1) legal, risk management, and corporate compliance issues; (2) workers' compensation injury or illness claims; and (3) MAHEC insurance such as professional liability, auto, property, & casualty coverage.

Infection Prevention/Occupational Health and Safety

This department supports and manages organizational activities and initiatives for Infection Prevention and Occupational Health and Safety.

Information Technology (IT)

This department provides and supports a dynamic computing and network system environment for all of MAHEC's locations, programs and services, including electronic medical and dental record systems. IT provides initial training for MAHEC applications such as email and calendaring. The department works in collaboration with partner organizations in WNC and with the NC AHEC Program on information technology issues in support of MAHEC's vision, mission, and strategic plan.

Library and Knowledge Services

Partner with your librarians for up to date, evidence-based information. Librarians save you valuable time with their expert reference and literature search services, customized information delivery, training in database searching and information retrieval, and timely article delivery. Via the AHEC Digital Library your librarians provide access to core online resources including MEDLINE, DynaMed, Cochrane, ACP Journal Club, full-text journals and textbooks, and links to essential online resources. Through the MAHEC residency affiliation with UNC-Chapel Hill, librarians facilitate access to a wealth of additional databases and online information resources.

Health Innovation Partners (HIP) Team

Health Innovation Partners houses the organizational resources for many innovation efforts around primary care practice support, redesign, and quality improvement. MAHEC strives to be a creative and willing regional partner in the innovation of quality patient-centered care, systems of healthcare delivery, and educational excellence. Innovation projects include the creation, implementation, assessment, revision, and dissemination of models of care and education focused on: Improving the lives of seniors; Quality improvement in primary care; The Triple Aim; Graduate Medical Education; Undergraduate Medical Education and Inter-professional teams.

Research

The MAHEC Division of Research helps inform and guide the evidence-based medicine we teach and practice at MAHEC. The Division consists of four PhD prepared research scientists with expertise in both qualitative and quantitative research, as well as research associates, a data analyst, and librarians who specialize in healthcare knowledge services. Housed in a 2,100 square foot office suite on the first floor of the Education Building on the MAHEC Biltmore Campus in Asheville, the Division supports all of the rural healthcare initiatives and programs associated with the UNC Health Sciences at MAHEC. The Division also provides ongoing research support to our faculty, fellows, and residents, as well as the students and preceptors at our Asheville Regional Campus of the UNC School of Medicine.

Marketing and Communications

The Marketing and Communications department coordinates all marketing, PR, advertising, and internal/external communication efforts for all MAHEC departments and/or divisions. The department is responsible for all printed collateral, advertisements, corporate identity items such as logos and business cards, signage, electronic marketing, public and media relations, the MAHEC website, and other forms of communication as needed. The department is located on the 2nd floor of the Education Building. If you have a marketing need – big or small – call (828) 257-4442.

Development and Fundraising

The vision of the Development Office is to cultivate philanthropy to support the mission of MAHEC. The office focuses on articulating our mission by sharing success stories and accomplishments with a wide audience. The program coordinates a unified approach to resource development that concentrates on raising the profile of our organization and strengthening our image as a valuable community resource. For questions, please call (828) 771-4203.

Department of Facilities Management

The Facilities Management Department provides and coordinates services for all MAHEC buildings, MAHEC housing and vehicles. Services include space planning, renovations, maintenance, housekeeping, grounds, safety, security, service contracts and office furniture.

If you have any questions regarding services, or if you have facilities related needs, please call (828) 257-4411. Our office is open during regular business hours and we have staff on call (at this number) 24 hours a day, seven days a week for facilities related emergencies.

Central Business Office

MAHEC has centralized office that supports Health Information Management (medical records/HER), Referrals, Billing, Coding and Credentialing/Privileging of providers at MAHEC.

DEPARTMENT OF FINANCE

The department is responsible for developing and maintaining systems to record, report, safeguard and manage the assets of the organization. We provide financial statements and other reports for our Board of Directors, President/CEO, managers, banking institutions, creditors and other business partners. These internal and external partners utilize this data to analyze and monitor MAHEC's financial performance.

In addition, the department processes invoices, travel reimbursements and other cash disbursements. Payroll services are handled by the department, which includes processing paychecks and direct deposits. Please make sure your mailing address in your employee record is

correct for mailing your W-2 as well as all accounts that your payroll is direct deposited to. Upon exit of Residency, please provide your new mailing address. This department is located in the Education building on the second floor near the office of the CEO. If you have any questions regarding accounts payable, please contact the Accounts Payable Coordinator, Sharon Biggs, at (828) 257-4709. For payroll related questions, please contact the Payroll Specialist, Veronica Worley, at (828) 257-4424. For additional assistance, please contact the Staff Accountant, Emily Desantis or April Fender at Emily.Desantis@mahec.net or April.Fender@mahec.net

DEPARTMENT OF TALENT MANAGEMENT

The Department of Talent Management supports MAHEC staff in many areas which include: new employee orientation, benefits review and administration (i.e. health, dental, life, disability insurance); paid time off (PTO/holidays); leaves of absence; tax deferred 403B & 457 plans; hiring/promotion of employees; staff training and development; pay; performance management; employee counseling; discipline/grievance procedures; wellness, and general employment policies. We are located on the main floor of the Education Building; office hours are 8:00 a.m. - 5:00 p.m. Monday through Friday. Please call (828) 257-4443 or stop by if you have questions or suggestions.

DEPARTMENT OF DENTISTRY

MAHEC's General Dental Residency Program is a fully accredited one-year General Practice Residency, offered to recent graduate dentists wishing to expand the scope and depth of their knowledge and skills.

The Dental Health Center opened its newly expanded location in July 2013 and is a state-of-the-art facility with new dental equipment, electronic medical records, digital radiography, computer center, and teleconferencing capabilities. The emphasis of the program is comprehensive dentistry, to include treatment planning and sequencing of complex restorative cases, implantology, cosmetic dentistry and removable prosthodontics; etc.

Residents will experience rotations in the hospital environment to include basic anesthesiology, pediatric dentistry and family medicine. Residents will participate in an ongoing community based rotation to provide care to an underserved community at our MAHEC Glenwood practice. Residents will also receive didactic instructions from visiting dental specialists in endodontics, periodontics, prosthodontics, pharmacology and other areas of interest. This General Practice Residency also has an extensive didactics program covering all areas of dentistry to include several sessions on practice management.

DEPARTMENT OF FAMILY MEDICINE

The Department of Family Medicine encompasses several major programmatic activities. The most important of these are:

Family Medicine Residency Programs:

MAHEC's Family Medicine Residency Programs in Asheville, Hendersonville and Boone, affiliates of the Department of Family Medicine of the UNC School of Medicine, provide an accredited, three-year, postgraduate education program for physicians wishing to specialize in family medicine. Their primary purpose is to improve the quality, quantity, and distribution of primary-care physicians in western North Carolina, in accordance with the aims of the statewide AHEC Program. *This is accomplished by:*

- Training family physicians who may choose to practice in the familiar surroundings of the MAHEC region after their graduation;
- Providing a curriculum which utilizes local practicing physicians, thus creating a learning environment beneficial to them and to the Family Medicine resident;
- Offering an opportunity to recruit physicians to the region who desire a rural practice setting but do not want to give up an association with a medical teaching program.

The programs are dedicated to the personal and professional growth of the residents during their training, and then in their practice within the region. The effect of the family on health and illness is emphasized through the Family Systems Approach. The programs create a network of opportunities for residency teaching, undergraduate medical teaching, continuing education, and community resource development—all directed at making the rural areas of WNC more attractive and satisfying practice sites for the graduates.

Residents and faculty in the Family Medicine Residency Program provide primary care services to area families at the MAHEC Family Health Center, located at 123 Hendersonville Road in Asheville and at the Hendersonville Family Health Center located at 709 N. Justice Street, Suite B in Hendersonville.

Sports Medicine Fellowship Program

MAHEC Sports Medicine Fellowship Programs in Asheville and Boone, provide an accredited one year post-graduate education program for physicians who have completed their residency in Family Medicine, Internal Medicine, Pediatrics, Physical Medicine and Rehabilitation, or Emergency Medicine.

The **Asheville Sports Medicine** Fellowship Program prides itself on outstanding collaborative care to patients and athletes across Western North Carolina. Our vision is to be leaders in primary care, sports medicine and musculoskeletal care while being advocates for patients and educators to the community. Fellows have the opportunity to work in the academic and private sectors, gleaning information from a variety of primary care, orthopedic, and healthcare professionals. The Asheville fellows will work on every level of athletics covering professional sports with the Asheville Tourists Minor League Baseball club, high level Department I collegiate athletics with UNC-Asheville and Western Carolina University, Division II athletics with Mars Hill University, Division III athletics with Warren Wilson College, semi-professional exposure with Asheville Rugby Club, and high school sports with various local teams. The Boone fellows will work on multiple levels of athletics covering semi-pro Appalachian FC soccer, Division I Appalachian State University football, basketball, wrestling and other high level varsity sports. Coverage also includes junior college coverage with Caldwell Community College, local high school sports, and High Country Soccer club tournaments.

The **Boone Sports Medicine** Fellows will work on multiple levels of athletics covering semi-pro Appalachian FC soccer, Division I Appalachian State University football, basketball, wrestling and other high level varsity sports. Coverage also includes junior college coverage with Caldwell Community College, local high school sports, and High Country Soccer club tournaments.

Fellows also have longitudinal continuity clinic experiences, rotational experiences and weekly didactic sessions.

Addiction Medicine Fellowship Program

MAHEC is the knowledge hub for addiction medicine and technical assistance in Western North Carolina and a national leader in medical education and clinical practice for the treatment of opioid use disorder in primary care settings. Our faculty have created a strong and supportive curriculum to ensure physicians are comfortable and knowledgeable in treating substance use disorders in primary care settings. Our fellowship provides a unique opportunity to practice team-based care across a variety of settings and populations.

The goal of our fellowship is to train physicians to provide addiction treatment services in rural and medically underserved communities in Western North Carolina where these services are needed most and overdose rates are higher than state and national averages and rising.

Fellows train at inpatient and outpatient sites that provide treatment and recovery services for vulnerable populations. Interdisciplinary training includes medical detoxification, pharmacotherapy, motivational interviewing, psychosocial approaches, harm reduction, 12-step facilitation, working with peer support specialists, and providing consultative services. Upon successful completion of our program, fellows will be well prepared to apply for board certification and practice in addiction medicine.

Transitional Year Residency Program

MAHEC's Transitional Year Residency Program provides an accredited one year preliminary internship for those pursuing a specialty residency. The program is part of the Family Medicine Program at MAHEC. It aims to be a well-rounded program with ample opportunity for learning and growing as a physician. MAHEC has robust inpatient and outpatient opportunities, including time to explore their subspecialty choice and elective experiences. Our program is built around 40+ years of training family medicine providers at Mission Hospital, MAHEC clinics, and community physicians. This program offers great experiences rotating through our family medicine and gynecology practices to the inpatient medicine, family medicine, emergency medicine, gynecology and surgery lines at the hospital. Our Transitional Year program prepares residents for any "next step" specialty they may seek.

Ample training opportunities are available with well-developed didactics, a state of the art Simulation Center, community electives, and learning opportunities. Research experiences are encouraged, as we have many opportunities for learners to collaborate with other programs on a research project while here, supported by a strong MAHEC research team.

DEPARTMENT OF SURGERY

General Surgery Residency Program

The MAHEC General Surgery Residency Program is a 5 year, ACGME accredited program. General Surgery that was founded in 2016. In accordance with the state of North Carolina, MAHEC received grant funding to implement a General Surgery Residency that will address the shortage of general surgeons in rural North Carolina.

In partnership with Mission Hospital, this program will dedicate its efforts to training competent general surgeons who are prepared to stay and practice in the region. Our surgical staff will accomplish this by:

- Training residents in a wide variety of surgical skills and procedures
- Utilizing the facilities and faculty of nearby hospitals to train our residents in rural medicine
- Staying in compliance with ACGME guidelines and standards
- Recruiting individuals who have a desire to practice in rural North Carolina

Mission Hospital will serve as the primary location for MAHEC General Surgery Residents. Mission Hospital is licensed for 815 beds and 47 operating rooms. The ED has 100,000 patient visits per year and the trauma center admits 3,400 patients per year. At more than 35,000 surgical procedures each year, Mission Hospital is one of the busiest surgical hospitals in the state of North Carolina.

Research and Education

Two fundamental building blocks for training our residents are research and education. Our core faculty set the tone for resident research by maintaining a high level of scholarly activity. Residents are required to utilize the resources MAHEC and Mission Hospital provide in order to receive help. This General Practice Residency also has an extensive didactics program covering all areas of dentistry to include several sessions on practice management.

Surgical Critical Care Fellowship Program

This ACGME-accredited fellowship is devoted to broad-based intensive clinical training primarily based in the Mission Health NeuroTrauma Intensive Care Unit (NTICU). The mission of the surgical critical care fellowship program is to provide an educational environment to develop the skills for state-of-the-art support of human physiology under the stress of extreme illness, injury or surgery; provide compassionate and humanistic care to those individuals with critical surgical illness; provide an environment for the development of a program optimized for clinical basic scientists who will become leaders in the arena of multidisciplinary critical care medicine. The surgery critical care fellow will have core rotations in the NTICU, MSICU, and the CVICU, along with rotations in research, anesthesiology, and renal/nephrology.

- Mission Hospital is licensed for 815 beds with 47 operating rooms and a new critical care tower
- Mission Children's Hospital includes 130 beds with 60 board-certified pediatric subspecialists providing care in 23 different specialties
- ED has 100,000 patient visits per year, the trauma center admits 3,400 patients per year, and the helicopter transports more than 1,000 patients per year
- Faculty includes 12 critical-care-certified acute care surgeons, 11 subspecialty surgeons, 2 pediatric surgeons and 5 vascular surgeons
- At more than 35,000 surgical procedures each year, Mission Hospital is one of the busiest surgical hospitals in the state of North Carolina

Surgical critical care fellows will work together with attending physicians, general surgery residents, advanced practice providers, medical students, and other members of the interdisciplinary clinical team. Education and research remains a high priority for all members of the service at all times. Opportunities for participation in clinical research activities and publications will be available throughout the year depending on the fellow's interests. Upon completing the surgical critical care fellowship program, the fellow will be fully qualified to obtain board certification and to enter either private or academic practice in surgical critical care.

DEPARTMENT OF INTERNAL MEDICINE

MAHEC's Internal Medicine Residency Program in Asheville is a three year accredited postgraduate education program. The program received ACGME Accreditation in May 2020.

The Internal Medicine Residency Program aims to train and educate well rounded, competent, caring, compassionate physician leaders who:

- Deliver the highest quality medical care to patients in a variety of settings including rural communities
- Create a collaborative setting for innovation, intellectual and personal growth and inter-professional work
- Contribute to the science and art of medicine and medical education through innovation, scholarship and dissemination
- Provide expertise in caring for underserved patients and populations
- Lead and foster change in healthcare delivery and health systems, including improving quality, safety, diversity in the workforce, and access
- Celebrate lifelong learning in our rapidly changing healthcare environment

MAHEC's Internal Medicine Residency Program is dedicated to creating an equitable and inclusive place to work, learn, and receive care. We actively recruit physicians, staff, and students from underrepresented minorities, and we strive to implement policies and procedures that value and support diverse backgrounds and experiences. We are committed to a progressive training model for our residents to grow in phases beginning as a learner, then manager, and eventually as leaders and teachers within the program.

Residents and faculty in the Internal Medicine Residency Program provide outpatient care services to the Asheville community at the MAHEC Family Health Center, located at 123 Hendersonville Road and inpatient care at Mission Hospital located at 509 Biltmore Ave.

DEPARTMENT OF OBSTETRICS & GYNECOLOGY

The MAHEC Department of Obstetrics and Gynecology (OB/GYN) was formed in 1988 to meet the gynecologic and high risk obstetric care needs of the large, underserved population of Western North Carolina. Since its inception, it has become known throughout the region as providing quality referral and outreach services. In January 1992, a residency training program in obstetrics and gynecology was added which received full accreditation in January 1995. The residency program graduated its first residents in June 1995. The program expanded to four residents per year in 1996.

Current staffing includes 10 generalist obstetrician gynecologists and 5 maternal fetal medicine physicians, 5 certified nurse mid-wives, 6 nurse practitioners, 16 residents, and approximately 90 employees who work in the clinical, business, behavioral medicine or administrative areas of the department. Nurse practitioner and nurse-midwife students, as well as medical students are also precepted in the department.

The residency program is affiliated with the University of North Carolina at Chapel Hill (UNC - CH) School of Medicine, and all faculty members hold appointments in the Department of Obstetrics and Gynecology at UNC-CH. The Department Chair is a full-time employee of UNC-CH and is assigned on a full-time basis to the program in Asheville. The department provides a full range of obstetrical, gynecological and behavioral medicine care services.

Low-Risk Obstetrical Care:

The department provides obstetrical care, including pre-conceptual evaluation, prenatal care, full obstetrical ultrasound and other fetal assessment services, delivery, and postpartum care for approximately 1600 patients annually. In addition, we provide delivery services for all prenatal patients seen at Buncombe County and Madison County Health Departments.

Certified Nurse Midwives:

The Certified Nurse Midwives work in both the inpatient and outpatient settings to see low risk OB patients and expose our residents to full spectrum obstetrical care.

Gynecology:

This department provides comprehensive gynecologic care including primary preventive care, immunizations, family planning, pediatric/adolescent gynecology and endoscopic surgery. In addition, services are offered to patients through a number of specialty clinics that are outlined below.

Reproductive Endocrinology/Infertility Services:

The department offers evaluation and medical/surgical treatment reproductive and endocrine disorders as well as fertility treatment and follow-up. Residents also receive training in advanced reproductive technologies.

Urogynecology and Pelvic Reconstructive Surgery Services:

The Department offers complete evaluation and treatment for the patients with pelvic floor support and incontinence problems. Residents will be trained in urodynamics and operative urogynecology by departmental faculty and on rotation with WNC private practice urogynecologists.

Vulvar Specialty Clinic:

The Department has a vulvar specialist who offers a clinic focusing on comprehensive evaluation, management and treatment of vulvar disorders. Residents participate in vulvar clinic as an aspect of their benign gyn experience.

Behavioral Medicine Care Services:

Clinical services offered by Behavioral Medicine include but are not limited to: (1) Clinical assessment, brief intervention and referral of patients referred by any provider and clinical staff; (2) Behavioral health consultation; (3) Screening assessment and referral to OB patients; (4) Strategic intervention for patients with immediate concerns; (5) Substance use screening and referral particularly for OB patients; and (6) Acting liaison between providers and community resources such

as Western Highlands Network, Perinatal Health Partners, Maternal Care Coordinators, Diagnostic Evaluation Center, Counselors and Psychotherapists and hospital Social Work.

Maternal Fetal Medicine Fellowship

The MAHEC Maternal Fetal Medicine Fellowship within the Department of Obstetrics and Gynecology was approved by the ACGME in the spring of 2021. This is currently a one fellow per year approval with a start date of July 2022 for the first fellow. The fellowship is a 3 year commitment. This fellowship was developed to meet the needs of the high risk pregnant population of Western North Carolina as well as to provide a unique training environment in order to increase recruitment and retention of subspecialists in rural areas. Our maternal-fetal medicine specialists and fellows work closely with obstetrician-gynecologists, advanced practice providers, doulas, behavioral health providers, addiction specialists, clinical pharmacists, interpreters, and registered dietitians from within MAHEC and throughout the region. They collaborate closely with other specialists in the areas of gynecologic oncology, urogynecology, reproductive endocrinology, rural women's health as well as a variety of pediatric subspecialists including pediatric surgeons and cardiologists.

This team specializes in the obstetric care of women and fetuses who have, are at risk for, or develop serious health complications surrounding pregnancy. Services include diagnostic or therapeutic procedures such as comprehensive ultrasound, chorionic villus sampling, and genetic amniocentesis as well as consultation for collaborative care in patients with medical and surgical disorders including heart disease, chronic hypertension, diabetes, other endocrine disorders, kidney and gastrointestinal diseases, and infectious diseases. Otherwise healthy women who may require MFM services are those with abnormal genetic screens, multiple gestations, recurrent preterm labor, premature rupture of membranes, or growth abnormalities of the fetus. Our fellows train at a Baby-Friendly designated hospital where over 4,000 deliveries and 40,000 surgeries are performed each year—more than any other hospital in North Carolina. As the only board certified/eligible high risk obstetric specialists in the region, our MFM team exposes trainees to the full spectrum of obstetrical and neonatal complications including critical care. In addition to this clinical experience, an independent research project must be completed fellows refine their skills to understand and perform original research that will improve patient care.

DEPARTMENT OF PSYCHIATRY

The MAHEC Psychiatry Residency Program is a 4 year, ACGME accredited program. Psychiatry is one of MAHEC's newest residency programs and was added in 2016. In accordance with the state of North Carolina, MAHEC received grant funding to implement a Psychiatry Residency that will address the shortage of psychiatrists in rural North Carolina. Our mission is to train excellent psychiatrists who will work with rural, underserved populations and are expert at consultation in collaborative care settings.

In partnership with Mission Hospital, Haywood Regional Medical Center, Pardee Hospital, and a number of community practices, this program will dedicate its efforts to training competent psychiatrists who are prepared to stay and practice in the region. Our psychiatry staff will accomplish this by:

- Utilizing the facilities and faculty of nearby hospitals to train our residents in rural medicine
- Staying in compliance with ACGME guidelines and standards

- Providing a curriculum which utilizes local practicing physicians, thus creating a learning environment beneficial to them and to the Psychiatry resident;
- Offering an opportunity to recruit physicians to the region who desire a rural practice setting and want to have an association with a medical teaching program.

The program is dedicated to the personal and professional growth of the residents during their training, and then in their practice within the region. The effect of the family on health and illness is emphasized through the Family Systems Approach. The programs create a network of opportunities for residency teaching, undergraduate medical teaching, continuing education, and community resource development—all directed at making the rural areas of WNC more attractive and satisfying practice sites for the graduates.

Consultation Liaison Psychiatry Fellowship Program

The MAHEC Consultation Liaison Psychiatry Fellowship is a 1 year, ACGME accredited program. It is one of MAHEC's newest fellowships, having been added in 2020. The fellowship focuses on the relationship between biopsychosocial factors and medical illness, advanced knowledge of psychopharmacology, and the multiple roles of an interdisciplinary team in the patient's treatment and management plan. The goal is to provide opportunities, support, and resources to ensure our fellows can excel in their understanding of the dynamics of medical and psychiatric comorbidity, in their ability to manage complex care issues, and in their ability to provide effective consultation to medical and surgical colleges after graduation.

The mainstay feature of this fellowship is its flexibility. Fellows can focus in on whichever professional areas of C/L Psychiatry that interest them the most. This can include, but is not limited to, C/L work at Mission Hospital and the VAMC, or outpatient work in the MAHEC Center for Psychiatry and Mental Wellness seeing C/L continuity patients or consulting with various practices in and around Asheville using the IMPACT or ECHO consultation models.

Research and Education

Two fundamental building blocks for training our residents and fellows are research and education. Our core faculty set the tone for resident and faculty research by maintaining a high level of scholarly activity. Residents and fellows are required to utilize the resources MAHEC and Mission Hospital provide in order to receive help with grant funding, IRB proposals, abstracts, clinical trials, publications and/or national presentations.

CONTINUING PROFESSIONAL DEVELOPMENT

The vision of Continuing Professional Development is to be the provider of choice in the Southeastern United States for education, consultation, technical assistance, simulation and to enhance any community's ability to improve the health of its residents through population health. The programs and services are provided in collaboration with physicians, health and human service professionals, and community leaders, serving as a national model for healthcare education.

Continuing Professional Development conducts programs designed to meet the education and training needs of health and human service professionals in medicine, nursing, allied health, dental health, mental health, and pharmacotherapy. Staff development and career counseling are provided for many disciplines. Courses and programs are offered in a variety of formats, (on-site and virtual) allowing professionals to meet all of their continuing education credit and professional development needs.

Also, customized programs can be designed to meet the unique needs of individual healthcare agencies by bringing programs on site to agency employees. Consultation, technical assistance, and special projects to meet workforce supply and demand needs are part of the services provided by the Department.

The disciplines in the Department include Continuing Medical, Dental, and Allied Health Education, Mental Health Education, Nursing Education, Pharmacotherapy Education, Public Health, Simulation Center and Continuing Professional Development Administration.

Graduate Medical and Dental Education Policies and Procedures can be found on the MAHEC intranet, New Innovations home screen and/or requesting a copy from the GME office.

RESIDENT CONTRACT/LETTER OF AGREEMENT

Each Resident Physician will sign a Resident Contract/Letter of Agreement with MAHEC for a period of one year. The renewal of an Agreement of Appointment does not guarantee promotion to the next residency year. Decisions regarding promotion to the next residency year or for graduation from the program are made according to the policy for "Promotion of Residents", found in this manual. Other related policies also contained in this manual are, "Nonrenewal of a Resident Contract/Letter of Agreement", and "Fair Hearing for Resident Physician Grievance(s)".

This agreement is entered into for the purpose of defining the formal and continuing relationship between MAHEC and the Resident Physician during his or her participation in MAHEC's graduate medical education program and supersedes any prior agreement(s) for the same purpose and covering the same period of time.

Clearly defined in each Agreement of Appointment are the following: the terms of agreement, conditions for employee assistance network, MAHEC's commitment to graduate medical education, compensation, benefits, Resident Physician's responsibilities, duty hours, grievance procedures, residency closure/reduction, and non-competitive agreements.

LICENSING, RENEWALS & CERTIFICATION

Graduate Medical Education Programs

Having a North Carolina Medical License is a requirement of the MAHEC Residency Programs.

Resident Training License

1. Program office provides instructions to incoming residents regarding the NC Medical Board's online application process for obtaining a Resident Training License (RTL).
2. Resident completes the online application, medical school certification, background check, etc. and sends the required application materials to the program office for review. Certain materials are sent directly to the NC Medical Board (EBAHR and AMA).
3. Program office completes the GME Program Office portion of the online applications and forwards all materials to the NC Medical Board for final approval.
4. Once the license is approved, the resident will receive an e-mail that contains the Resident Training License and the Registration Certificate. Please ensure your

Program received your Training License. The program reimburses the resident for applicable fees.

Permanent NC Medical License

1. First-year residents apply through the Federation of State Medical Boards to take Step 3 of the USMLE exam. The program office provides application materials to residents and forwards their completed applications to the FSMB along with payment. Exams must be taken and passed before the end of the PGY1 year in order to be promoted to PGY2.
2. Residents are notified of exam dates and make arrangements to take the exam. Once residents receive their USMLE Step 3 pass notification, the program office provides application materials for the full NC Medical License. Residents return completed application materials to the program office for review and forwarding to the NC Medical Board along with payment. Once the application is complete, the average processing time takes between 4-5 months.
3. Resident is notified by the NC Medical Board that their application has been approved and gives the signed notification letter to the program office. The Program Director sends a letter to the Board confirming that the resident has successfully completed the first year of training and is recommended for permanent licensure. Signed notification letter is returned.
4. NC Medical Board reviews approved applications at its July Board Meeting and issues permanent licenses; original is given to the resident and copies are made for program files.

Note: USMLE Step 3 and NC Permanent License applications are only available online.

Renewal of Licenses

1. The program office renews Resident Training Licenses and General Licenses (as applicable) online, with MAHEC paying the appropriate renewal fee.
2. Deadline for renewal is the Resident's birthday; renewals are required yearly regardless of the date the RTL or permanent license was issued.
3. Resident is given the original of the renewed license and copies are made for program files.

DEA Certification

1. Program office provides instructions on DEA application to residents once they have received their permanent NC Medical License.
2. Resident completes application, returns it to the appropriate person, who submits the application along with payment.
3. Resident is responsible for providing a file copy of DEA certificate to the Program Administrator/secretary.
4. Upon completion of the residency program, physicians are required to send written notice of change of their professional address to the DEA office. DEA certificates must be renewed every three years.

For further information regarding licensure, you may contact:

**NC Medical Board
PO Box 20007
Raleigh, NC 27619
800-253-9653
www.ncmedboard.org**

General Practice Residency Program

Having a Dental License or Intern Permit issued by the NC Board of Dentistry is required.

Intern Permit

1. Residency Coordinator will provide instructions to incoming residents regarding the NC Dental Board's application process for obtaining a license or intern permit.
2. Residents will complete the application and submit an official copy of dental school transcripts and a passport-size photograph to the NC Dental Board. The transcript MUST be in a sealed school envelope.
3. A letter from the Program Director will be included in the application packet submitted to the Board. ALL attachments MUST be submitted with the application.
4. Residents will be required to complete a written examination(s) administered by the Board.
5. MAHEC will pay the \$150 permit fee on behalf of the resident.

For further information regarding the licensure, you may contact:

**NC State Board of Dental Examiners
15100 Weston Parkway, Suite 101
Cary, NC 27513
919-678-8223
www.ncdentalboard.org**

PERSONAL APPEARANCE

Dress, grooming, and personal hygiene standards contribute to the morale of all employees and affect the business image we present to customers, patients and visitors (refer to MAHEC policy, 3, 3.TM.1020 Personal Appearance Policy).

It is the policy of MAHEC that each employee's dress, grooming, and personal hygiene should be appropriate to the work situation. During business hours, employees are expected to present a professional image to customers, patients and visitors.

Certain employees may be required to meet special dress, grooming, and/or hygiene standards depending on the nature of their job. Consult your supervisor or department/Department director if you have questions as to what constitutes appropriate attire.

MAHEC will purchase for all residents (1) white lab coat (2 for General Surgery Residents), with the MAHEC emblem.

General Surgery Residents - Dress and Appearance Standards

Purpose: To ensure that all staff members follow general guidelines regarding personal appearance and dress while on duty. Individual Departments incorporate these guidelines into departmental dress codes that may add other elements to assure compliance with safety regulations. Our patients, physicians, fellow workers, and visitors expect professional attire.

Identification: A Mission Hospital identification badge, with the employees photograph and appropriate title, will be worn by each employee while on hospital premises. This ID badge should

in no way interfere with patient care nor jeopardize aseptic technique. Identification badges are worn in clear sight above the waist with name, title, and picture clearly visible.

Hygiene:

1. Good personal hygiene shall be observed. The body shall be clean/free of body odor and/or strong fragrances.
2. Hand washing or hospital approved disinfectant is required between patients and when they become soiled or when gloves have been removed.
3. Fingernails are kept clean, well-cared for, and no longer than ¼ inch from fingertip in length. Artificial and long natural fingernails are not permitted for those providing direct patient care. The definition of artificial fingernails includes, but is not limited to, acrylic nails, all overlays, tips, bonding's, extensions, tapes, inlays, and wraps. Nail jewelry is not permitted. Nail polish, if worn, is well maintained. Chipped nail polish is not allowed.

Policy: Surgical attire is worn to promote cleanliness, surgical consciousness and professionalism within the surgical environment.

“Surgical Attire” includes scrub clothes, hair coverings, mask, protective eyewear, and other protective garments, provide a barrier to contamination that may pass from personnel to patient as well as from patient to personnel.

Personal Protection Equipment:

1. Hats/head covers: All head and facial hair must be completely covered. All cloth hats must be covered with a disposable hair cover. All disposable head covers will be removed when leaving the operating room suite.
2. Masks: Disposable masks must be worn in restricted areas and applied to prevent "venting". The mouth and nose should be completely covered. Masks should be changed when they become moist or soiled or if leaving the O.R. suite and restricted area.
3. Shoe Covers: Fluid-resistant shoe covers should be worn when it is anticipated that splashes or spills may occur. If shoe covers are worn, they should be changed whenever they become torn, wet, or soiled, and they should be removed and discarded in a designated container before leaving the surgical area.
4. Eyewear and Gloves: Gloves and protective eyewear or face shields shall be worn by all operating room personnel when performing duties that require direct patient contact or contact with contaminated items. Gloves and protective eyewear should be changed after such contacts and before exiting the room.

Regulations and Definitions:

Identification badge is to be worn at all times while on duty unless specifically authorized not to do so.

1. Scrubs: All persons entering semi-restricted and restricted areas of the operating room must be dressed in clean Mission Hospital surgical attire. Scrub clothes must be clean at all times. They are to be changed when soiled by blood, body fluids, excessive betadine, food or following documented isolation cases
2. Cloth Hats: All cloth hats must be covered with a disposable head cover. Cloth hats must be laundered daily.

3. Shoes: Shoes worn within the surgical environment should be clean with no visible soiling and should provide protection. Open-toe shoes should not be worn. Vented shoes should be covered by fluid-resistant shoe covers when it is anticipated that splashes or spills may occur.
4. Jewelry: All scrub personnel entering the semi-restricted and restricted areas of the surgical suite are required to have all jewelry removed or confined, including dangle earrings or large beaded/dangle necklaces.

Please see each hospital/rotation sites medical staff/physician rules and regulations for specific information regarding the site.

NOTE: Appropriate professional attire is required at all times. It also has to be in compliance with OSHA Standards with identification visible at all times. Scrubs with white coat may be worn to Monday afternoon procedure clinic and when rotating on urodynamics.

Please make an effort to keep lab coats clean at all times.

PROFESSIONAL LIABILITY INSURANCE

Professional liability insurance coverage (also known as malpractice insurance) is provided for all MAHEC Resident Physicians. The insurer is MAG Mutual Insurance Company. Depending on your responsibilities, current limits are \$2/\$4 million or \$3/\$5 million. For the purpose of this policy, Residents are individually named covered persons, who carry the medical incident limit and aggregate limit individually; these limits are not shared with the organization.

This policy is written on a claims-made basis and provides coverage for those claims that are the result of medical incidents, which occur during your employment with MAHEC. It is not necessary for a resident who leaves our program to purchase an extended reporting endorsement or "tail coverage". You have a **duty** to promptly notify MAHEC Risk Management about medical incidents or potential claims; **failure to do so** could cause MAG Mutual to deny coverage under this policy.

When a claim is made: A claim is made on the date MAHEC first reports a medical incident or injury (as defined below) to MAG Mutual.

When a claim is covered: A claim must meet two requirements to be covered under this policy:

1. The claim must result from a covered activity provided or withheld on or after your retroactive date; and
2. The claim must be reported to MAG Mutual during the policy period.

Examples of activities that are **not** covered:

1. Moonlighting, or professional activities outside of MAHEC;
2. Claims arising from criminal or malicious acts;
3. Liability of an insured resulting from services performed while under the influence of alcohol, narcotics, hallucinogenic agents or which results from any other substance abuse; or
4. Claims regarding sexual intimacy, sexual molestation or sexual assault.

Definitions

Aggregate Limit: This is the most MAG Mutual will pay for the sum of all claims made during the policy period.

Extended Reporting Endorsement: Coverage provided by a claims-made liability policy that extends the protection of the policy beyond the expiration date for claims that occurred within the original policy period (your employment with MAHEC).

Injury: Bodily injury, sickness, disease or death. Injuries to separate patients are considered separate losses, and a separate Loss Limit applies. Any derivative claims from family members or estates share in the Loss Limit that applies to the injured patient.

Loss Limit: This is the most MAG will pay for any one loss. Loss means all covered claims for civil damages resulting from medical professional service or series of services, causing injury or death to any one patient, regardless of the number of:

1. Claims made; or
2. Claimants making claims; or
3. Subsequent related claims.

Medical Incident: Any act, error or omission in the providing of or failure to provide professional services by you. This includes your responsibility for anyone under your direction or control.

HEALTH AND DENTAL INSURANCE

Your health, welfare and security are of vital concern to all of us. MAHEC's Employee Group Health and Dental Plans provide financial assistance to enable you to better meet unforeseen bills arising from accident or illness.

Residents may choose to elect coverage under these plans. Spouse and/or dependents may be covered under these plans if they meet eligibility criteria. Cost is based on a shared premium structure taken through payroll deductions.

FLEXIBLE BENEFITS PLAN

Section 125 of the Internal Revenue Code allows MAHEC to offer a Flexible Benefits Plan to employees. The MAHEC Flexible Benefits Plan includes an "Insurance Premium Pre-Tax Plan and a Flexible Spending Account Plan". **Before you enroll in a flexible benefits plan, you should read the IRS Publications 502 and 503. These publications contain important information on medical and dependent care spending accounts.**

Under the MAHEC Flexible Benefits Plan, employees are allowed to pay for health, dental and vision insurance premiums with pre-tax dollars. Additionally, employees may participate in the Flexible Spending Accounts and pay for certain medically related expenses and dependent care expenses with pre-tax dollars.

Flexible Benefits Plan Overview

Section 125 of the Internal Revenue Code stipulates that prior to the beginning of the plan year, eligible employees who choose to participate are required to make a one-time election of the amount of insurance premium contributions and flexible spending accounts contributions for the following plan year. The election amounts are subtracted from the employee's gross (taxable) salary resulting in a reduced taxable salary. Taxes are calculated on the adjusted gross. By calculating taxes on the adjusted gross salary, the employee realizes an increase in spendable income.

There are two ways employees may take advantage of tax savings allowed under the MAHEC Flexible Benefits Plan:

1. **Payroll Deducted Health, Dental, and Vision Insurance Premiums** – provides pre-tax payment for premiums for MAHEC sponsored health, dental and vision plans. Elections are allowed only once per plan year and may not be revoked or revised unless there is a qualifying status change.
2. **Flexible Spending Accounts:**
 - a. **Medical Spending Account** – provides pre-tax contributions to be reimbursed for any IRS eligible out-of-pocket medically related expense the participant incurs that are not paid through an insurance plan. Specific restrictions apply.
 - b. **Dependent Care Account** – provides pre-tax contributions to be reimbursed for dependent care expenses, which enables both parents and guardians to be gainfully employed. Specific restrictions apply.

Certain restrictions and regulations apply to all Section 125 Plans. Annual elections are binding for one year unless a participant has a qualifying status change. Refer to the Flexible Benefits Plan Summary for specific details of MAHEC's Flexible Benefits Plan.

LIFE INSURANCE/ACCIDENTAL DEATH AND DISMEMBERMENT

Life insurance is provided to all eligible employees in an amount equal to \$50,000. At enrollment, you may purchase Voluntary Life and AD&D insurance for yourself up to 5 times your annual salary up to a maximum of \$500,000. In addition, you may purchase Voluntary Spouse and Dependent Life insurance coverage. Coverage begins on the first day of the month following employment. For further information, please refer to your Benefits Enrollment Packet or contact Talent Managements.

CERTIFICATES OF PRIOR COVERAGE UNDER THE PLAN

In 1996 the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") was passed by Congress. Under HIPAA, you and your dependents that are enrolled in MAHEC's Employee Group Health and Dental Plans ("Plan") will receive a Certificate of Group Health Plan Coverage ("Certificate") when you lose coverage under the Plan. When applying for coverage with a new company, you must provide them with this Certificate in order for the new group to allow credit for any previous coverage under the MAHEC Plan. Certification of prior coverage applies to any pre-existing condition exclusion or waiting period of the new group health coverage.

LONG-TERM DISABILITY INSURANCE

Extended illness or the recovery period from an accident can create tremendous financial hardships. MAHEC provides a long-term disability benefit that pays 50% of your basic salary if you become disabled subject to limitations as described in your insurance booklet. Eligibility begins on the first day of the month following employment.

MENTAL HEALTH BENEFITS

MAHEC shall facilitate the Resident Physicians access to appropriate and confidential counseling, medical, and psychological support services through an employee assistance program, the Behavioral Health options as part of their health insurance choice, and the Counseling and Support for Residents policy which are both contained in the Manual for Residents and Fellows.

WORKERS COMPENSATION

Workers' Compensation is a legislated program of the state of North Carolina and is administered by the North Carolina Industrial Commission.

MAHEC employees injured on the job as a result of a work-related compensable accident and employees who contract an "occupational disease" and who lose time from work will be provided leave in accordance with the North Carolina Workers' Compensation Act. The rate and duration of compensation are defined by the Act.

MAHEC incident reports (available via the MAHEC Intranet) should be completed by the employee within 24 hours of the incident for all work related incidents/injuries and the employee should inform their supervisor. An incident report should be filed by the employee for any work related incident regardless of the location of the incident (i.e. if injury occurs at a non-MAHEC location, a MAHEC incident report must be filed).

Disability Compensation

NC Workers' Compensation Act, General Statute 97-28, states that no Workers' Compensation payment will be allowed for the first seven calendar days of disability resulting from an injury. However, if the injury results in disability or more than 21 days, the compensation will be allowed from the date of the disability. Employees may use accrued leave as appropriate for the first seven calendar days he/she is out of work. After seven calendar days, if the employee continues to be out of work, Workers' Compensation will begin computing disability compensation wages and pay the employee directly.

Further Information

Should you have additional questions or concerns, please contact Risk Management at 257-4415.

The North Carolina Workers' Compensation Act can be found in its entirety at the North Carolina Industrial Commission website listed below:

www.ic.nc.gov/ncic/pages/statute.htm

North Carolina General Statute 97-88.2. Penalty for fraud.

(a) Any person who willfully makes a false statement or representation of a material fact for the purpose of obtaining or denying any benefit or payment, or assisting another to obtain or deny any benefit or payment under this Article, shall be guilty of a Class 1 misdemeanor if the amount at issue is less than one thousand dollars (\$1,000). Violation of this section is a Class H felony if the amount at issue is one thousand dollars (\$1,000) or more. The court may order restitution.

EDUCATIONAL FUNDS

MAHEC encourages residents and fellows to engage in educational activities that occur outside of MAHEC. These activities may include attending regional and national meetings and participation in global health activities (please see detailed MAHEC policy 3.GM.1001).

Current Educational Fund Allotments (Annual Amount)

Residents:

PGY1 - \$500.00

PGY2 - \$600.00

PGY3 - \$700.00

PGY4 - \$800.00

PGY5 - \$900.00

Reimbursement by MAHEC for educational activities must be filed with MAHEC Fiscal Services within two weeks of the completion of educational activities and must follow MAHEC policy 3.AD.1001 Travel & Mileage Reimbursement.

MAHEC will pay the fee associated with the Resident Physician taking the written Board Exam provided the Resident Physician agrees to provide MAHEC with the results of his/her exam results. MAHEC will not pay for more than one (1) exam and all other costs associated with the exam, including late fees, travel, are the responsibility of the Resident Physician.

LICENSING

As a benefit to Resident and Fellow Physicians, MAHEC covers all costs of licensure and DEA certification. Administrative support is provided to obtain and renew the various licenses. This benefit includes:

- Criminal background check
- Training license and processing
- NC Medical Board / full license application
- Federation of State Medical Boards for USMLE registration
- EBAHR – Parts 1 & 2 of USMLE to be sent to NC Medical Board
- AMA for physician database search
- Training license renewal
- Permanent license renewal
- DEA certification
- Written Board Exam

403-B RETIREMENT PLANS

Residents can contribute a portion of earnings tax-deferred or Roth pre-taxed earnings into a variety of Mutual Funds offered under MAHEC's 403(b) plan. Employee contributions are immediately vested; however, as resident / fellows, they are ineligible for employer match contributions under the plan design as an ineligible class. Specific IRS guidelines apply.

EMPLOYMENT VERIFICATION/REFERENCES

All employee reference or verification requests should be directed to the Talent Management Department. Upon request, Talent Management will release or verify a person's job title and dates of employment. Further information in the employee's personnel file (i.e. pay, performance, etc.) will not be released or verified without prior authorization from the employee. The same process is applied to requests regarding former MAHEC employees.

SALARY HISTORY

	7/1/2011	7/1/2012	7/1/2013	7/1/2014	7/1/2015	1/1/2017	7/1/2017	7/1/2018	7/1/2019	7/1/2020	7/1/2021
PGY1	\$47,000	\$47,000	\$47,000	\$47,500	\$48,000	\$49,880	\$50,000	\$50,750	\$51,512	\$52,584	\$53,100
PGY2	\$48,250	\$48,250	\$48,250	\$48,750	\$49,250	\$51,130	\$51,700	\$52,476	\$53,264	\$54,062	\$54,900
PGY3	\$49,500	\$49,500	\$49,500	\$50,000	\$50,500	\$52,380	\$53,400	\$54,201	\$55,013	\$55,838	\$56,800
PGY4	\$52,500	\$52,500	\$52,500	\$53,000	\$53,500	\$55,380	\$55,380	\$56,211	\$57,055	\$57,910	\$58,878
PGY5						\$56,880	\$57,400	\$59,138	\$60,929	\$61,842	\$62,769
PGY6											\$65,200
PGY7											\$66,500

PAYDAY / PAYROLL DEDUCTIONS

Employees are paid biweekly (26 times per year) on every other Friday or the preceding day if that Friday is a holiday. Pay periods are for 14 days, starting on a Saturday and ending on a Friday, and paychecks reflect pay for time worked up to the pay period ending date. Payroll deductions for insurance premiums, retirement contributions, and special employee benefits will be deducted in equal installments from each of the 26 pay periods. All deductions are withheld as agreed with the employee.

DIRECT DEPOSIT OF PAYROLL

MAHEC requires direct deposit (as of May 20, 2016) of pay to the bank, savings and loan, or credit union of your choice. Your financial institution(s) must have a number assigned by the American Banker's Association (ABA), making them a member of the Automated Clearing House that transfers funds. If you have a question as to whether your bank account qualifies, check with your bank. All of the major regional banks and savings and loans are members. If you do not currently have an established banking account that accepts direct deposit, please consult with Talent Management

regarding options available for setting up a no-fee checking account through the Mountain State Credit Union.

Participation in the program requires the following guidelines:

- Your total net pay must be assigned to one or more accounts or institutions.
- A direct deposit authorization form must be completed and signed with an attached voided check for a checking account or deposit slip for a savings account.
- You should notify the Payroll Specialist immediately if you change accounts and/or financial institutions.

BUILDING CLOSINGS / WEATHER EMERGENCIES

General Practice Program

When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- Resident Dentists scheduled to see patients at the DHC will be contacted by the Program Director and directed as to the schedule for the day.
- Resident Dentists who are scheduled to work at the hospital are expected to be there unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the site directly as well as the Residency Coordinator.
- Resident Dentists who are scheduled to work at another facility should contact that facility and present for work if that facility is open, unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the facility.

If you are uncertain of your responsibility under these conditions, please contact your Program Director.

Asheville Family Medicine Program

When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- FM Resident Physicians scheduled to see patients at the FHC will be contacted by the Program Administrator and directed as to the schedule for the day.
- FM Resident Physicians who are scheduled to work at the hospital are expected to be there unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the chief resident or curriculum coordinator to arrange back up. (Also applies to Hospice Fellows)
- FM Resident Physicians who are scheduled to work at another facility or doctor's office should contact that facility and present for work if that facility is open, unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the facility. (Also applies to Hospice Fellows)

If you are uncertain of your responsibility under these conditions, please contact your Chief Resident, Resident Scheduler, or Program Director.

Boone Family Medicine Program

When App Family is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- FM Resident Physicians scheduled to see patients at the App Family Clinic will be contacted by the Program Administrator and directed as to the schedule for the day.

- FM Resident Physicians who are scheduled to work at the hospital are expected to be there unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the chief resident or curriculum coordinator to arrange back up.
- FM Resident Physicians who are scheduled to work at another facility or doctor's office should contact that facility and present for work if that facility is open, unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the facility.

If you are uncertain of your responsibility under these conditions, please contact your Chief Resident, Resident Scheduler, or Program Director.

General Surgery Program

When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- General Surgery Residents are expected to be at Mission Hospital unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the Program Administrator to arrange back up.

If you are uncertain of your responsibility under these conditions, please contact your Program Administrator or Program Director.

Hendersonville Family Medicine Program

When Hendersonville Family Health Center (HFHC) or Blue Ridge Community Health Services (BRCHS) sites are closed or have a delayed opening due to inclement weather, please follow the applicable procedure below.

- FM Resident Physicians scheduled to see patients at either HFHC or BRCHS sites will follow the closings for Blue Ridge Community Health Services at this web site: www.wlos.com
- FM Resident Physicians who are scheduled to work at the hospital are expected to be there unless conditions are unacceptably dangerous for travel. In that case, he/she must contact one of the chief residents, the residency coordinator or the Program Director to arrange a backup.
- FM Resident Physicians who are scheduled to work at another facility or doctor's office should contact that facility and present for work if that facility is open, unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the facility.

If you are uncertain of your responsibility under these conditions, please contact your Chief Resident, Resident Scheduler, or Program Director.

Internal Medicine Program

When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- IM Resident Physicians scheduled to see patients at the Internal Medicine Clinic will be contacted by the Program Administrator and directed as to the schedule for the day.
- IM Resident Physicians who are scheduled to work at the hospital are expected to be there unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the chief resident or curriculum coordinator to arrange back up.
- IM Resident Physicians who are scheduled to work at another facility or doctor's office should contact that facility and present for work if that facility is open, unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the facility.

If you are uncertain of your responsibility under these conditions, please contact your Chief Resident, Resident Scheduler, or Program Director.

Ob-Gyn Program

When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- MAHEC WHC: We will normally stay open in bad weather, but there may be a time when that is not possible. When bad weather occurs (or some other event such as fire, loss of power, etc.), the CEO/President will talk with Department Managers and determine if any of the buildings should be closed. The CEO/President will make the final decision. In some cases, buildings may be handled differently.
- If the weather/event occurs after business hours and the CEO decides that a building(s) should close/have a delayed opening, the closing/delayed opening will be posted on the MAHEC website and a text sent to all employees participating in the text alert messaging system. If the weather/event occurs during the workday, we'll communicate information to you at that time.
- OB/GYN rotation and residents: No matter what your rotation or scheduled duties, you are expected to call the chief of your service if travel conditions are such that you are unable to get to work. Your duties will need to be covered for the day if you are not present. If you are scheduled at the office, or if you are scheduled at an off service office that is closed, it is your responsibility to call the Program Administrator or Program Director to determine if there are other duties for which you should report.

Psychiatry Program

When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below:

- Psychiatry Resident Physicians are expected to maintain their patient schedule via telehealth on an inclement weather day. The clinic front office and administrative staff will reach out to them if changes to the schedule are required.
- Psychiatry Resident Physicians who are scheduled to work at a hospital or another facility are expected to be there unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the facility and MAHEC Psych Program Administrator and let them know.

If you are uncertain of your responsibility under these conditions, please contact your Program Administrator or Program Director.

Transitional Year Residency Program

When MAHEC is closed or has a delayed opening due to inclement weather (or some other event such as fire, loss of power, etc.), please follow the applicable procedure below.

- Transitional Year Resident Physicians scheduled to see patients at an internal MAHEC clinic will be contacted by the Program Administrator and directed as to the schedule for the day.
- Transitional Year Resident Physicians who are scheduled to work at the hospital are expected to be there unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the Program Administrator to arrange back up.

- Transitional Year Resident Physicians who are scheduled to work at another facility or doctor's office should contact that facility and present for work if that facility is open, unless conditions are unacceptably dangerous for travel. In that case, he/she must contact the facility.

If you are uncertain of your responsibility under these conditions, please contact your Chief Resident, Resident Scheduler, or Program Director.

SMOKING

As a health education center, MAHEC is dedicated to providing a healthy environment for our customers and staff. On January 1, 2009, MAHEC became a tobacco-free campus. Smoking and use of any tobacco products (including vaping) is not permitted at any MAHEC facility.

EMPLOYEE ASSISTANCE NETWORK POLICY

PURPOSE: In order to promote a healthy work environment and the highest level of well-being, MAHEC offers an Employee Assistance Program to all employees. MAHEC believes it is in the interest of the employee, the employee's family and the organization to provide a confidential and professional assistance program to help resolve personal and/or job performance problems/issues.

POLICY: It is the policy of MAHEC that employees who are experiencing personal and/or job performance problems be given the opportunity to resolve them through the employee assistance network.

PROCEDURE: Below are the guidelines which should be followed for a self-referral and management referral to the employee assistance network.

A. Self-Referral

1. Employees and their families are encouraged to use the employee assistance network voluntarily when they need professional help or guidance in resolving personal or work performance problems.
2. An employee's participation in the employee assistance program will remain confidential. Employees who seek assistance must specifically authorize in writing the release of any information related to their participation. No records related to counseling will be placed in an employee's personnel file, nor will promotion or transfer opportunities be affected if an employee uses the program. However, an employee may be subject to appropriate discipline if a work performance problem which led the employee to contact the employee assistance program continues.
3. The employee assistance program will inform the employee of any expenses associated with the employee's participation in the program. Such expenses are the responsibility of the employee and may be covered by the employee's health insurance.
4. Unless otherwise approved by the Talent Management Director, if an employee's participation in the employee assistance program requires time away from work, the time should be charged to available PTO or sick leave.

B. Management Referral

1. Behavioral problems which affect work performance and attendance are legitimate concerns of management. When a supervisor observes changes in an employee's work habits or behavior which result in unsatisfactory job performance/misconduct, the supervisor should discuss the matter with the employee and remind the employee that the employee assistance network is a confidential resource that may assist him/her. If the problem continues, the supervisor should contact the Talent Management Director to discuss the appropriateness of making a management referral to the employee assistance network. If the supervisor determines that a management referral is appropriate, the Talent Management Director will contact the employee assistance network and notify them that a referral will be made.
2. The supervisor will notify the employee in person and in writing that a management referral is being made and that it is the employee's responsibility to participate in and cooperate with the recommendations of the employee assistance program. The employee should also be told that failure to do so may result in disciplinary action, up to and including job dismissal.
3. When an employee receives a management referral, the employee assistance program will not share any personal information regarding the referral with MAHEC unless (1) the employee has specifically authorized the employee assistance program in writing to do so; or (2) there is a legal requirement (i.e. fitness for duty) to do so. The employee assistance program will, however, notify MAHEC of the following: (1) the employee's attendance at required employee assistance program conferences; and (2) the employee's cooperation with the employee assistance program's recommendations.
4. The employee assistance program will notify the employee of any expenses associated with participation in the employee assistance program. Such expenses are the employee's responsibility and may be covered by the employee's health insurance.
5. Unless otherwise approved by the Talent Management Director, if the employee's participation in the employee assistance program takes place during work hours, time away from work will be charged to PTO or sick leave.

Nothing in this policy is to be interpreted as a waiver of MAHEC's right to take appropriate disciplinary action in the case of misconduct or unacceptable work performance. Supervisors may utilize the employee assistance program, in addition to normal disciplinary procedures, to help correct job performance or conduct related problems.

Residents should also refer to the Counseling and Support Services for Residents Policy

The Office of Corporate Compliance & Risk Management

Corporate Compliance

What is Corporate Compliance?

1. Establishes an organizational culture that encourages ethical conduct and a commitment to compliance with the law and regulatory standards
2. Promotes effective communication of standards and procedures
3. Encourages reporting concerns be completed in a timely manner that allows investigations and resolutions to be accurate and efficient

4. Promotes due diligence to prevent and detect illegal activities
5. Acts as a resource for all MAHEC staff members regarding compliance issues

Goals of Compliance

1. Doing the right thing the first time!
2. To support and assist employees in complying with federal and state laws and regulatory standards
3. To prevent violations, but if errors occur, provide a pathway to respond immediately to resolve problems
4. To prevent, detect, and correct wrongdoing
5. To mitigate risk to our organization
6. To provide consistent education to all employees
7. To assist employees with delivering the highest quality of care/services
8. To demonstrate the highest standard of professionalism and integrity

Categories of Compliance

1. HIPAA & Confidentiality
2. OSHA Standards
3. Conflict of Interest
4. Compliance with the Law
5. Compliance with Regulatory Standards
6. Billing and Coding Standards
7. Stark and the Anti-Kickback Statute
8. Asset Protection
9. Reports of Wrongdoing

Specific Examples

1. Accepting or making referrals to a business where an employee has a financial interest.
2. Offering or accepting gifts for services or payments
3. Billing for services that were never rendered or more/less expensive than were actually performed
4. Unauthorized disclosure of PHI or confidential information
5. Unauthorized access to electronic medical/dental records including personal or family records

Critical Information

1. All MAHEC Employees have a duty to report possible wrongdoings or suspected violations of Federal and State laws and or regulations
2. You can report any or all actual or perceived violations to your supervisor, the Corporate Compliance Officer, through the Incident Reporting system (Iris the Owl), the anonymous email, or by contacting the Compliance Assistance Line
3. Reports can be anonymous! Please be specific and provide details to assist in the investigation process as we will not have a way to follow up with you
4. Prompt responses to the Compliance Team is imperative to keep investigation processes moving
5. If in doubt ask questions, we are here for you!

For anonymous reports

Please email reports to the Anonymous email at ChiefComplianceOfficer@mahec.net if you wish to remain anonymous

How to contact Compliance

- ❖ Carolyn Coward- 828-257-4409
Corporate Compliance Officer
ccoward@vwlawfirm.com
- ❖ Kristen Bernero- 828-257-4415
Director, Risk & Patient Safety
Kristen.Bernero@mahec.net
- ❖ Gina Banks- 828-771-5517
Director, Clinical Business Operations
Gina.Banks@mahec.net
- ❖ Rebecca Burrell, CMA (AAMA)- 828-257-4724
Compliance Coordinator
Rebecca.Burrell@mahec.net
- ❖ Compliance Assistance Line- 828-257-4428

Risk Management & Patient Safety

Contact Risk Management & Patient Safety when you have questions or concerns regarding: (1) legal issues, received subpoenas, and deposition requests; (2) workers' compensation injury or illness claims; (3) MAHEC insurance, such as professional liability, auto, property, & casualty coverage; and (4) incident and near miss reporting.

Risk Management is...

- ▶ A management function aimed at the identification, prevention and evaluation, and removal of risks that could result in a loss.
- ▶ Necessary to improve the quality of health care through the identification and prevention of potential risks.
- ▶ Is in place to control recognized hazards to attain an acceptable level of risk.
- ▶ Is the responsibility of every employee.

The Goals of Risk Management Are...

- ▶ To provide a safe environment for employees, affiliates, patients and visitors.
- ▶ To create an awareness of possible risks that represent financial threats or that are potentially harmful to employees, affiliates, patients and visitors.

- ▶ To work in conjunction with MAHEC Corporate Compliance to ensure conformity with applicable federal and state laws, regulations, MAHEC policies and standards of conduct.
- ▶ To establish reporting procedures and detailed claims investigations for the management of claims and risk financing.

Categories of Risk...

- ▶ Employee-related
- ▶ Financial
- ▶ Legal
- ▶ Regulatory
- ▶ Medical staff-related
- ▶ Patient care-related
- ▶ Property-related
- ▶ Other

Specific Examples...

- ▶ Employee injuries or accidents: ergonomic issues, needle sticks, exposure incidents, work-related vehicle accidents
- ▶ Equipment malfunction resulting in injury
- ▶ Lawsuits, claims
- ▶ Medication issues, such as adverse side effects, wrong dose, wrong medication, etc.
- ▶ Patient/visitor complaints

How to Contact Risk...

- ▶ Kristen Bernero, 257-4415
Director, Risk & Patient Safety
kristen.bernero@mahec.net
- ▶ Lindsey Altsheler, 398-5923
Risk Management Specialist
lindsey.altsheler@mahec.net

DEFICIT REDUCTION ACT & THE FALSE CLAIMS ACT POLICY

MAHEC adopted its Corporate Compliance Program on December 18, 2002. The Program includes Standards of Conduct, one of which addresses Billing and Coding Standards. In 2005, the Deficit Reduction Act (DRA) of 2005 included changes to reduce the amount of fraud, waste and abuse in the state and federal health care programs. Specifically, section 6023 of the DRA requires providers receiving annual Medicaid payments of \$5 million or more to have a specific written policy addressing Federal and State fraud and false claims laws and the whistleblower protections available under those laws.

MAHEC's policy includes detailed information on the (1) Federal False Claims Act; (2) North Carolina False Claims Act; and (3) accompanying whistleblower protections under those laws, and is intended to effect compliance of MAHEC with section 6023 of the DRA. The purpose of the policy is to inform and educate all MAHEC personnel, including employees, affiliates, volunteers and students on the (1) Federal and North Carolina False Claims Acts; and (2) whistleblower protections available under those laws. Compliance with Section 6023 of the DRA is also a condition of MAHEC's participation in the Medicaid program.

1. MAHEC has a Corporate Compliance Program with specific efforts to detect and prevent fraud, waste and abuse. All MAHEC personnel, including employees, affiliates, students and volunteers, must conduct themselves in an ethical and legal manner as defined in MAHEC's Standards of Conduct. This includes complying with the Federal False Claims Act and North Carolina False Claims Act as described in this policy.
2. All MAHEC personnel, including employees, affiliates, students and volunteers, are responsible for reporting potential or suspected incidents of fraud and abuse, and other wrongdoing directly to (1) their supervisor; (2) their Department Director; (3) MAHEC's Compliance Office directly; or (4) via the anonymous Compliance Assistance Line at 828-257-4428 or anonymous e-mail located on the Compliance webpage on the Intranet.
3. MAHEC is dedicated to creating an environment where employees and others feel safe reporting concerns about fraud. In accordance with the whistleblower protections available under the Federal and North Carolina False Claims Acts, MAHEC will not retaliate against any MAHEC personnel, including employees, affiliates, volunteers, students, agents and contractors due to his/her good faith by (1) reporting of a potential or suspected incident of fraud and abuse; or (2) cooperation or assistance in a fraud/abuse investigation. Anyone who believes that s/he has been subject to any such retribution or retaliation should report this to the Compliance Office immediately.
4. All MAHEC personnel will be educated on this policy through new employee and annual compliance training.

SECURITY

Your security and the security of the organization's assets are important concerns for MAHEC. For this reason, we have security coverage at various locations, intrusion alarms, and a key control system. These preventative steps are designed to greatly reduce any security incidents that might arise.

Some things you should remember are:

1. Keep personal valuables and confidential information locked in your desk when you are not there. If they are out in the open, someone could take them and be gone before anyone notices.
2. Report any suspicious persons immediately to Facilities Management by calling telephone number (828) 257-4411.
3. File an incident report (available via the MAHEC Intranet) if an issue occurs.
4. If you know you will be working after dark, it is a good idea to move your car closer to the building and to a well-lighted area. The parking policy allows this after 4:00pm. You may also contact the MAHEC security staff at (828) 777-7106 and request an escort to your vehicle.
5. If you have a key or alarm code, never give them to anyone else. Never give your badge to anyone else (see MAHEC policy 5.RM.1005 Identification Badges).
6. If you use the building after hours, be very careful to secure it completely, both while you are here, and when you leave.

If at any time, you become aware of anyone who is acting in a threatening or violent manner in or around one of MAHEC's facilities, please call 911 immediately. Do not hesitate, do not wait for approval, and do not call maintenance or facilities for help until AFTER you have called the authorities. Your safety and the safety of other employees, patients and constituents are the first priority.

MAHEC INCIDENT REPORT

MAHEC supports the establishment of a Just Culture that emphasizes implementation of evidence-based best practices, learning from error-analysis, and providing constructive feedback rather than blame and punishment. In keeping with the MAHEC philosophy that patient safety and risk management is the responsibility of all employees and affiliates, this incident reporting system should be used to report all events or actions that result in an unexpected outcome. Near Misses should be reported through the separate Near Miss Reporting System.

Any employee can complete and submit an Incident or Near Miss Report. All reports are reviewed by Risk Management, who will investigate and follow-up with staff as needed.

Reporting of Incidents and Near Misses is not punitive. Incidents and Near Misses are often the result of a system problem or failure. The purpose of timely reporting is to allow Risk Management to investigate the situation, determine the cause(s), and assist in implementing changes to prevent recurrence of errors, events, and system breakdowns that may lead to harm.

What is an Incident? An incident is any event or situation that results in an unexpected or undesired outcome. Not all incidents result in harm.

What is a Near Miss? A Near Miss is any event or action that ALMOST resulted in an accident or error, but did not due to chance or timely intervention.

Electronic Process for Incident and Near Miss Reports

Risk Management has an electronic process for completing **Incident and Near Miss Reports** via MAHEC's Intranet.

To complete a report, simply log on to the Intranet (<http://mahec.net/intranet>) and look for Iris Owl.



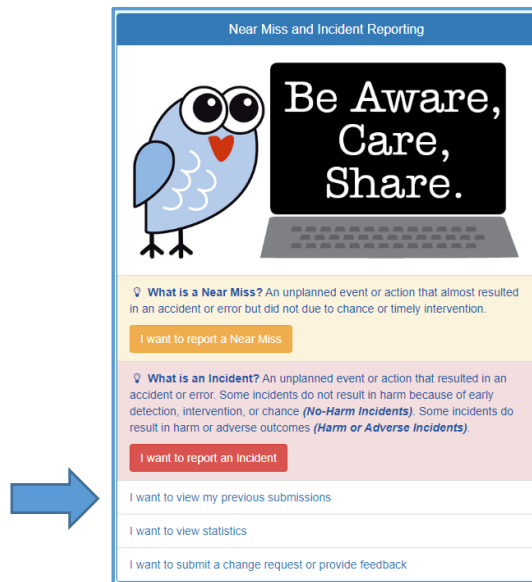
To enter an Incident Report, click on “**I want to report an Incident.**” To enter a Near Miss, click on “**I want to report a Near Miss.**”

The **Incident Reporting System** consists of 8 sections:

- 1) I = What, When, and Where
- 2) N = Category
- 3) C = Root Cause
- 4) I = Prevention and Actions
- 5) D = Severity and Frequency
- 6) E = People
- 7) N = Equipment
- 8) T = Review and Submit

It is important that you provide as much detail as possible and answer all of the questions before moving on to the next section. During the final step (“T”), you will have a chance to review all of your information and make any changes prior to submitting your report.

Once your report has been submitted, you will not be able to make any changes. You do, however, have the option to add additional or clarifying information. To add information to your report, access the Incident Reporting system via the MAHEC Intranet and click on the “**I want to view my previous submissions**” link.



This will take you to a listing of all your previously submitted reports. Find the report you want to update and click the “**Add +**” button (in the far right column).

Add any additional or clarifying information to the “**Additional Information**” free text box. All information added in this field will be attached to the record and Risk Management will receive an email notifying them of the change. NOTE: Information cannot be added to reports with a “closed” status.

Click the “**Submit**” button at the bottom of the page to attach your update to the record.

The **Near Miss Reporting System** is very similar to the Incident Reporting system. It also consists of 8 sections:

- 1) N = Who, What, When, and Where
- 2) E = Category
- 3) A = Potential Harm
- 4) R = Root Cause
- 5) M = What Recovery Prevented Harm

- 6) I = Severity and Frequency
- 7) S = Recommended Changes
- 8) S = Review and Submit

Again, it is important that you provide as much detail as possible and answer all of the questions before moving on to the next section. During the final step ("S"), you will have a chance to review all of your information and make any changes prior to submitting your report. If you need to add information to your report following submission, follow the same steps outlined above for the Incident Reporting system.

If you need assistance at any point with entering an Incident or Near Miss, please feel free to contact Risk Management at 398-5923 or 257-4415.

CLAIMS/LAWSUITS INVOLVING MAHEC STAFF

Claim/Lawsuit

1. Staff members should notify their supervisor and MAHEC Risk Management immediately upon receiving notice that they have been named in a claim/lawsuit. If the office of the President/CEO or MAHEC Risk Management is served with the claim/complaint, Risk Management will immediately notify all MAHEC parties involved.
2. The employee named in the claim/lawsuit will be provided legal representation through the appropriate MAHEC insurance coverage unless the act complained of is not covered. In such cases, the President/CEO will determine whether legal representation is to be provided.

Professional Review/Licensing Board/Insurance Agencies

1. If a member of the MAHEC staff is requested to appear before or respond to a professional review/disciplinary/licensing board/insurance agency, etc. inquiry, the staff member should notify his/her supervisor and MAHEC Risk Management immediately.
2. All requests for written responses or other information must be coordinated through MAHEC Risk Management. The employee must keep his/her supervisor and Risk Management informed of the status of the request and the ultimate outcome.

Other Incidents

1. If a MAHEC staff member receives a subpoena or other formal request for information that involves a patient/customer/employee where unexpected/unintended outcomes have occurred, an incident report should be completed and MAHEC Risk Management consulted before information is released. Examples may include: letters/correspondence from health insurers, attorneys, patients/patient's family, and/or the Department of Social Services.
2. Risk Management will review the request and determine if other staff and/or insurance/legal representatives should be consulted.

If you have questions please call Risk Management at 257-4415 or 398-5923.

CONFIDENTIALITY POLICY

The organization recognizes that employees often come in contact with highly personal and confidential information about patients, employees, students, faculty, vendors as well as the organization. It is important that the organization have standards regarding the release of such information.

Employees are expected to abide by all MAHEC policies and procedures regarding confidentiality, as outlined in the Standards of Conduct and the HIPAA Privacy and Security Regulations as it applies to protected health information; the MAHEC Confidentiality Statement, and all other policies or procedures which relate to confidential issues. This includes employee information, (i.e. salary, insurance, home phone, address, date of birth, social security number, personnel actions) which are also confidential and should not be discussed or released without the employee's consent or as necessary to perform the responsibilities of your job.

Any unauthorized disclosure or misuse of confidential information may be cause for serious disciplinary action, including immediate termination. This includes all forms of communication, for example, letters, memorandums, facsimiles, electronic mail, conversations in person and by phone.

(Please reference MAHEC policies 3.IT.1005 Master HIPAA Security Policy and 6.HM.1002 Release of Information. All MAHEC policies are located on the MAHEC Intranet under the 'Publications' tab.)



CONFIDENTIALITY STATEMENT

PERSONAL INFORMATION

LEGAL NAME (FIRST)

(MIDDLE)

(LAST)

CURRENT EMPLOYER / SCHOOL / ORGANIZATION (IF ANY)

HOSTING MAHEC DIVISION / DEPARTMENT

CONFIDENTIALITY ACKNOWLEDGEMENT

MAHEC Patient Information

I understand that, in the course of my work, I may learn information about MAHEC patients including, but not limited to, medical, financial, demographics, and other information considered personal by patients and their families ("Patient Information"). I agree to only use or disclose Patient Information, whether verbal, written or computerized, that is relevant to my job, that I have been authorized to use or disclose, and that I do so in accordance with state and federal privacy and security laws and MAHEC policies and procedures.

I will not access or attempt to access Patient Information unless the information is relevant to my job, and I am clearly authorized to access it. I will not access my own and/or any family member's information. I understand that Patient Information access will be monitored. Any improper use or disclosure by me of Patient Information may result in disciplinary action against me including termination of employment with MAHEC, as well as prosecution to the fullest extent of the law.

I understand it is my ongoing responsibility to read and to abide by any and all MAHEC policies and procedures regarding the use and disclosure of Patient Information currently in effect or which may be implemented or revised from time to time.

MAHEC Business Information

I understand that, in the course of my work, I will have access to and learn about confidential and proprietary information, in tangible and intangible form, relating to MAHEC's business operations, including, but not limited to, contracts, financial information, personnel information, marketing and pricing information ("Confidential Information"). I agree: (i) to treat all Confidential Information as strictly confidential; (ii) not to directly or indirectly disclose, publish, communicate or make available Confidential Information, or allow others to do so, in whole or part, to any entity or person not having a need to know and authority to know and use the Confidential Information in connection with the business of MAHEC; and (iii) not to access or use any Confidential Information, and not to copy or remove any documents, records, files, media or other resources containing any Confidential Information, except as required in the performance of my authorized employment duties. I am obligated to keep confidential the Confidential Information until such time as it has become public knowledge other than as a result of my breach of this Agreement or breach by those acting on my behalf.

SIGNATURE

DATE

PARENTAL CONSENT (IF UNDER THE AGE OF 18)

DATE

MEDIA AND PUBLIC RELATIONS POLICY

PURPOSE: To define MAHEC's policy and procedures in working with regional, state, and national television, radio, and print media.

POLICY: MAHEC is committed to the enhancement of excellent working relationships with the media in initiating or responding to requests from the media for information and/or attending programs sponsored by MAHEC.

PROCEDURES: The President/CEO or Director of Marketing will designate institutional representatives to work with the media.

When MAHEC is contacted by representatives of the media:

1. If a MAHEC employee is contacted by the media for an interview, consultation with the Director of Marketing or the President/CEO will be made prior to confirm the interview when possible. When prior consultation is not possible, the MAHEC employee will use his or her best judgment in talking with the media and will inform the Director of Marketing or President/CEO after the interview.
2. When a media representative asks in advance to participate in a MAHEC activity, the President/CEO or the Director of Marketing should be informed of the request, and permission will be obtained from the faculty or consultant providing the program or service for MAHEC and participants involved in the activity, including permission for photographs or videotaping(s).
3. When a media representative attends a MAHEC activity without prior notice, the director or coordinator of the activity will work with the media representative, faculty or consultant, and participant(s) in the most facilitative way possible to obtain permission(s) from those involved, including for photographs or videotaping(s), and to provide the information requested by the media representative.
4. If written information is requested by the media representative, such as evaluations of a MAHEC activity, permission from the faculty or consultant will be obtained before information or documentation is released.

When MAHEC initiates contact with the media:

1. Copies of the press releases will be forwarded to the Director of Marketing and the President/CEO.
2. The Director of Marketing or the President/CEO will be consulted when requesting news coverage of a MAHEC activity and appropriate permission(s) obtained when necessary.

DRUG & ALCOHOL FREE WORKPLACE POLICY

PURPOSE: As an employer, the Mountain Area Health Education Center, Inc. (MAHEC) is required to adhere to various federal, state, local laws and regulations regarding alcohol and drug use. MAHEC also has a vital interest to protect employees, patients, visitors, and students from risks of accident or injury. As such, MAHEC will provide and maintain a drug- and alcohol-free workplace in keeping with our values and goals.

MAHEC encourages any employee with a substance abuse problem to voluntarily seek help from the employer-provided Employee Assistance Program (EAP).

SCOPE: It is the policy of the Mountain Area Health Education Center (MAHEC) that all employees will abide by the rules and procedures to establish a drug- and alcohol-free workplace.

NON-DISCRIMINATION COMPLIANCE: This drug- and alcohol-free workplace policy complies with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (b) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (c) the North Carolina Controlled Substance Examination Regulation Act (Chapter 95, Article 20 of the North Carolina General Statutes).

1. Prohibited Employee Conduct

The following conduct is prohibited and violations will result in appropriate disciplinary action ranging from a mandatory referral to the Employee Assistance Program (employee assistance network) to termination:

- A. Unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in any MAHEC workplace (i.e. offices, clinics, classrooms, restrooms, vehicles), or while "on duty" as defined by MAHEC policy 3.TM.1002 Drug- and Alcohol-free Workplace.
- B. Being "under the influence" of, or impaired by alcohol or a legal or an illegal drug while performing MAHEC business, while driving a MAHEC vehicle, or while on MAHEC property.
- C. The consumption or possession of alcoholic beverages while "on duty" or on MAHEC property, with the following exceptions:
 - a. *Consumption of authorized beer, wine, and other alcoholic beverages served to visitors or guests at MAHEC-sponsored events.*
 - b. *Possession of wine or alcohol intended as gifts or for MAHEC- sponsored events.*
 - c. *Storage of alcoholic beverages in a personal vehicle on MAHEC property.*
 - d. *Other exceptions specifically authorized in writing through the Corporate Compliance and Risk Management office and/or by the President/CEO of MAHEC or designee.*
- D. Failing to report an "on duty" accident resulting in damage to property or personal injury.
- E. Refusing to be tested when authorized by this policy.
- F. Altering or falsifying a screening/testing sample.
- G. Refusing to participate or cooperate with a mandatory referral to the employee assistance network.

NOTE: In addition, a conviction or plea of nolo contendere to an alcohol- or drug-related criminal offense may result in appropriate disciplinary action.

2. Reasonable Suspicion Testing/Screening of Employees

- A. When the Talent Management Director or designee determines there is reasonable suspicion, as defined in this policy, that any employee “on the job” is under the influence of legal or illegal drugs or alcohol, the employee will be tested.
- B. Reasonable suspicion, as defined in this policy, must be based on specific, objective facts, or reasonable inferences drawn from facts, which would cause a reasonable person to suspect that the employee is under the influence of drugs or alcohol.

1. Reasonable Suspicion Testing / Screening of Employees

- a. When the Talent Management Director (or designee) determines there is reasonable suspicion, as defined in this policy, that any employee “on the job” is under the influence of legal or illegal drugs or alcohol, the employee will be tested.
- b. Reasonable suspicion, as defined in this policy, must be based on specific, objective facts, or reasonable inferences drawn from facts, which would cause a reasonable person to suspect that the employee is under the influence of drugs or alcohol.
 - a. Any employee or other individual raising an issue of reasonable suspicion should contact the Talent Management Director (or designee). If appropriate,
 - i. the completion of at least two (2) independent Reasonable Suspicion Observation Forms verifying behaviors that support a request for drug and/or alcohol testing will be coordinated when possible;
 - ii. the employee to be tested and their supervisor will be notified;
 - iii. drug and/or alcohol testing will be approved/disapproved, and
 - iv. if approved, the testing will be conducted within two (2) hours of receiving the reasonable suspicion report;
 - v. transportation of the employee to and from the testing laboratory will be arranged.

2. Random / Pre-employment Screening

- a. It is the general practice that MAHEC does not conduct regular random or pre-employment testing; however,

- b. There may be some positions that require pre-employment screenings as a condition of employment due to an affiliation or contract between MAHEC and another entity that requires such testing.
 - i. In these instances, MAHEC may require screening or testing as a contingency of employment for specific positions.
 - ii. MAHEC will abide by the screening and testing procedures as outlined below.

3. Screening / Testing Procedures

- a. The screening test of samples for current employees shall only be performed by an approved laboratory. A portion of every sample that produces a confirmed positive examination result shall be preserved by the laboratory that conducts the confirmatory examination for a period of at least 90 days from the time the results of the confirmed positive examination are mailed or otherwise delivered to MAHEC.
- b. In cases of Reasonable Suspicion, after the specimen collection and screening is completed, the employee will be transported to an appropriate location.
- c. Following the specimen collection, the employee may not begin work, or should not return to work, until results of the drug and/or alcohol testing have been received by the Director of Talent Management or designee, reported to the employee and employee's supervisor, and next steps determined.
- d. The laboratory will report test results directly to the Talent Management Director (or designee). The Talent Management Director (or designee) is responsible for notifying the employee and the employee's supervisor of the test results. Appropriate next steps will be determined at that time – provided, of course, that the Talent Management Director (or designee) has been consulted prior to any disciplinary action begin taken.
- e. Retesting of positive samples: the examinee shall have the right to retest a confirmed positive sample at the same or another approved laboratory.
 - i. MAHEC, through the approved laboratory, shall make confirmed positive samples available to the affected employee, or a designated agent, during the time which the sample is required to be retained.
 - ii. The employee must request release of the sample in writing specifying to which approved laboratory the sample is to be sent.
 - iii. The employee incurs all reasonable expenses for chain of custody procedures, shipping, and retesting of positive samples related to this request this additional test.

- iv. The written request for a retest of a positive sample must be made with the Director of Talent Management and the approved laboratory within twenty-four (24) hours of the employee receiving the original test results.
- f. After-Hours Testing - If reasonable suspicion testing is authorized under Section 2.a of this policy while a MAHEC employee is “on duty” between the hours of 5:00 pm to 8:00 am, Monday – Friday, or anytime during Saturday or Sunday:
 - i. the employee will be escorted to the emergency room designated by the Talent Management Director (e.g., Mission Hospitals, Pardee Hospital, etc.) for testing;
 - ii. following the sample collection for testing, the employee will be escorted home or to another appropriate location; and
 - iii. the employee will not return to work until notified.

(Please reference MAHEC policy 3.TM.1002 Drug- and Alcohol-free Workplace)

VEHICLE INSURANCE COVERAGE

FREQUENTLY ASKED QUESTIONS

Does MAHEC’s insurance policy cover me while I am conducting MAHEC business using my personal vehicle?

There are several parts to this question.

- Workers’ compensation covers medical costs for MAHEC employees who have an accident and are injured in the course of doing business for MAHEC regardless of fault. However, there are certain exceptions to this coverage (i.e. employee is under the influence of drugs/alcohol at the time of accident, etc.). MAHEC’s auto policy will not cover damages to your personal vehicle; your personal vehicle coverage would apply. MAHEC’s policy will not cover damage to another vehicle unless:
 - MAHEC is liable as the employer, and
 - Damage to the other vehicle and/or injuries to any other parties is greater than the limits of your personal auto policy.
- If your vehicle is damaged in an accident that is someone else’s fault, the other party’s insurance coverage would cover your vehicle. If that person is uninsured or underinsured, your personal insurance would apply; MAHEC coverage would not.

If I am transporting MAHEC equipment/property in my vehicle and my vehicle gets damaged in the process (i.e. the seat gets torn), does MAHEC’s insurance policy cover this?

No, you would need to file a claim for your vehicle’s damage with your personal insurance.

Would MAHEC’s insurance policy cover theft/damage of MAHEC equipment/property in my car?

Yes.

Would MAHEC’s insurance policy cover theft/damage of my personal belongings—out of my car or a MAHEC vehicle?

No, you would need to file a claim with your insurance company.

Does MAHEC’s insurance policy cover me while I am driving a MAHEC vehicle?

Yes. If property damage/personal injury results from an accident that is your fault, you and MAHEC are covered under the liability. If property damage/personal injury result from an accident that is another’s fault and that driver is underinsured or uninsured, you and MAHEC are covered under the endorsement for underinsured/uninsured motorists.

Are passengers covered while riding in MAHEC vehicles?

Yes. MAHEC’s policy has medical pay coverage which covers any passenger in the vehicle.

Is my vehicle covered if damage occurs in the MAHEC parking lot?

No, your own automobile/homeowner’s insurance would have to cover this damage. The only exception to this would be if a MAHEC vehicle or other equipment does the damage.

If I am renting/leasing a vehicle for MAHEC business, should I purchase additional insurance for the vehicle?

MAHEC has coverage on any vehicle that is rented/leased for use when conducting MAHEC business but only if it is leased in MAHEC’s name, not your own. However, you should also purchase the “damage waiver.”

What do I do if I am involved in a vehicle accident?

Below are procedures for MAHEC employees to follow when they are involved in vehicle accidents while conducting MAHEC business. This includes any vehicle (MAHEC, rental, personal)! Questions regarding these procedures should be directed to Risk Management at (828) 257-4415 or (828) 398-5923.

- In the case of an accident, if there are no injuries and the vehicle is drivable, move your vehicle to the shoulder of the road or another safe place. Once you have moved your car to the side of the road, contact law enforcement by dialing 911.
- Do not admit fault. Make no commitments and do not argue with anyone at the scene.
- Complete a MAHEC Incident Report within one business day of accident. Attach the police report to Incident Report and send to Risk Management.
- If the accident caused a MAHEC employee riding in the vehicle bodily injury, Workers’ Compensation guidelines must be followed.
- These instructions are also located on a card in the vehicle’s glove box for quick reference.

TRAVEL POLICY AND PROCEDURE

Listed below are the four basic components of travel for which reimbursement will be made. **You may obtain further details and the complete travel policy that includes a list of approved one-way and round-trip mileage totals along with the proper forms by contacting Fiscal Services or your Program Administrator.**

1. **Transportation.** This includes the use of any common carrier (such as scheduled airline, rail or bus), privately owned vehicle or airplane, or rented vehicle. MAHEC has a fleet of vehicles and encourages all staff to try and utilize a MAHEC owned vehicle FIRST when planning work-related travel and before considering use of your personal vehicle. If use of your personal vehicle is the only alternative, mileage is reimbursed at the current federal allowable standard rate in effect.
2. **Meals.** This is reimbursed on a standard, per meal basis, limited to the rates established per MAHEC policy 3.AD.1001 Travel & Mileage Reimbursement policy
3. **Registration Fees.** Expenses related to registration for education seminars and other education can be paid directly by MAHEC or reimbursed to the employee. Prior authorization is required.
4. **Other Expenses.** Including parking fees, tolls or other business expenses incurred for require a receipt attached to the Expense Report form in order to receive reimbursement.

**PLEASE REMEMBER THAT ORIGINAL RECEIPTS ARE
NEEDED FOR ALL EXPENSES EXCEPT FOR MEALS.**

PROGRAM REQUIREMENTS

ACGME Common Program Requirements

<https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>

ACGME Institutional Requirements

<https://www.acgme.org/Portals/0/PFAssets/InstitutionalRequirements/000InstitutionalRequirements2018.pdf?ver=2018-02-19-132236-600>

ACGME Family Medicine Requirements

<https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/8/Family%20Medicine>

ACGME Sports Medicine Fellowship Program Requirements

https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/116_SportsMedicine_2020.pdf?ver=2020-02-25-151514-123

ACGME Addiction Medicine Fellowship Program Requirements

https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/404_AddictionMedicine_2020.pdf?ver=2020-06-19-124857-297

ACGME Obstetrics and Gynecology Program Requirements

<https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/12/Obstetrics%20and%20Gynecology>

ACGME Surgery Program Requirements

<https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/24/Surgery>

ACGME Psychiatry Program Requirements

<https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/21/Psychiatry>

ACGME Consultation-Liaison Psychiatry Fellowship Requirements

https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/409_ConsultationLiaisonPsychiatry_2020.pdf?ver=2020-06-19-132534-420

ACGME Internal Medicine Program Requirements

<https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>

ACGME Transitional Year Residency Program Requirements

https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/999_TransitionalYear_2020.pdf?ver=2020-06-29-164050-813

CODA General Practice Residency Standards

https://www.ada.org/~/media/CODA/Files/General_Practice_Residency_Standards.pdf?la=en