

INTRODUCTION

PURPOSE

The Corporate Compliance Plan (the “Plan”) documents the policies, procedures, and monitoring systems in place in Hospice of the Western Reserve, Inc. to help ensure that the organization complies with all legal, professional, and ethical obligations and provides opportunity for reporting potential violations. It also helps to maintain a culture that enables all Hospice of the Western Reserve employees, volunteers, and agents to fulfill all related legal, professional, and ethical obligations.

STANDARDS OF CONDUCT

In concert with its mission, Hospice of the Western Reserve operates in an ethical and conscientious manner, adhering to laws and regulations in providing hospice care and services to the communities it serves. The following standards of conduct have been adopted by the Board of Directors of Hospice of the Western Reserve to assure compliance with all laws and regulations applicable to hospice operations and to promote organizational integrity. All staff must annually review and acknowledge these standards of conduct:

1. All staff shall perform their assigned duties in accordance with all laws and regulations applicable to hospices, including provisions of the Deficit Reduction Act of 2005, which require the organization to provide information and about certain federal and state fraud and abuse laws and whistleblower protection laws to all employees, contractors, and agents.
2. All staff have knowledge of and act in accordance with the prohibitions against fraud and abuse, including, but not limited to thorough assessment and evaluation of a patient’s medically necessary needs and services, timely and accurate documentation of clinical services, actual and precise time and expense reporting, and immediate reporting of any suspected or real offer of a bribe, kickback, or disguised payment for service that results in illegal referrals from other providers or vendors.
3. All employees must report any direct or indirect act, which may place Hospice of the Western Reserve at risk of fraud and abuse of the Medicare Conditions of Participation, or in reimbursement by Medicare or Medicaid, another third-party payor, or a private pay arrangement.
4. Each employee shall perform job duties free from personal gain, profit, or advantage, including but not limited to receipt of gifts or gratuities from patients and vendors.
5. Each employee shall protect Hospice of the Western Reserve property and assets by making prudent, efficient, and effective use of hospice resources.

6. The senior leadership and governing body shall uphold the standards of conduct to promote integrity, support objectivity, and foster trust to guide employees in conducting business professionally and ethically.
 - a. No Hospice of the Western Reserve employee shall knowingly mislead a patient, family member, or caregiver concerning services, charges, or use of equipment.
 - b. No Hospice of the Western Reserve employee shall misuse or appropriate any property, real or personal, belonging to any patient, family member, or caregiver.
 - c. Hospice of the Western Reserve shall accept patient referrals in a professional manner with no remuneration provided to the referring agency.
 - d. Patient clinical records, administrative records, daily visit records, and financial records shall not be falsified by any individual for any reason.

ROLE OF CHIEF COMPLIANCE OFFICER AND CORPORATE COMPLIANCE COMMITTEE

It is the responsibility of the Chief Compliance Officer and Corporate Compliance Committee to monitor areas with the potential for fraud and abuse, to recommend policies and procedures that decrease the likelihood of occurrence of illegal or improper activity throughout the organization, to investigate complaints of alleged violations, and if verified, recommend corrective action to address such violations to the Board of Directors for follow-up.

1. The Vice President of Quality shall serve as the Chief Compliance Officer. In the absence of the Chief Compliance Officer, the Director of Quality shall serve. Their duties include:
 - a. Distributing written compliance policies and standards
 - b. Overseeing and monitoring the organization's compliance activities
 - c. Reviewing staff acknowledgement of the review of the Corporate Compliance Plan which indicate that staff have received, read, and understand the Plan
 - d. Developing, coordinating, and participating in education and training programs related to the Plan
 - e. Coordinating personnel issues with Human Resources staff to ensure that appropriate databases have been reviewed, including The National Practitioner Data Bank and The List of Excluded Individuals/Entities with respect to staff and independent contractors as appropriate
 - f. Receiving reports/inquiries from employees or others about potential fraud, abuse or regulatory noncompliance
 - g. Investigating potential fraud, abuse and regulatory noncompliance issues
 - h. Maintaining a log of all reports/inquiries, including the nature of any investigations and the subsequent results
 - i. Ensuring there is a mechanism for disciplining individuals who do not comply with the standards of conduct appropriate to the nature and extent of the deviation
 - j. Monitoring the reporting mechanism that enables staff and contractors/vendors to report any noncompliance without fear of retaliation, and ensuring that the reporting mechanism is adequately publicized

- k. Any other duties requested or specified by the Board of Directors and/or the Chief Executive Officer
2. The Corporate Compliance Committee is chaired by the Vice President of Quality and is composed of the following staff positions: Chief Financial Officer, Chief Clinical Officer, Director of Access to Care, Director of Home Care, Vice President of Human Resources, Director of Residential Services, and two other staff. The committee's functions include:
 - a. Analyzing legal requirements and specific areas with which Hospice of the Western Reserve must comply in addition to identifying specific risk areas
 - b. Assessing existing policies and procedures that address these risk areas for possible incorporation into the compliance program
 - c. Developing standards of conduct and policies and procedures to promote compliance with legal, regulatory, professional and ethical requirements
 - d. Determining the appropriate means to promote compliance with the Plan and detection of violations
 - e. Monitoring internal and external audits and investigations to identify problem areas and implement corrective and preventive measures
 - f. Meeting at least quarterly to review compliance activities
 - g. Providing advice to the Chief Compliance Officer when requested
 - h. Direct investigations of alleged violations

PLAN EVALUATION AND UPDATE

The Plan shall be reviewed annually by the Corporate Compliance Committee and any changes shall be submitted to the Medical Advisory, Program, and Compliance Committee of the Board of Directors for approval.

REPORTING TO BOARD OF DIRECTORS

The activities of the Corporate Compliance Committee shall be reported to the Chief Executive Officer and Medical Advisory, Program, and Compliance Committee of the Board of Directors on a quarterly basis. Any matters requiring urgent attention shall be immediately communicated to the Chief Executive Officer and the Medical Advisory, Program, and Compliance Committee of the Board of Directors.

RECORDKEEPING AND RETENTION

Reports of investigations, committee activities and audits shall be maintained in the office of the Chief Compliance Officer for as long as the existing regulations prescribe.

CONFLICT OF INTEREST

Hospice of the Western Reserve employees, volunteers, directors, and agents must avoid any personal interest, gain, or association, which may be inconsistent with their responsibilities and in the best interest of the organization. Hospice of the Western Reserve maintains specific policies on conflict of interest with respect to its trustees, volunteers, and employees.

Hospice of the Western Reserve policy and federal regulations require employees, directors, and volunteers who encounter an actual or potential conflict to follow the Hospice of the Western Reserve policy to resolve the conflict.

BRIBES/KICKBACKS

1. Hospice of the Western Reserve shall not offer or accept any bribe, kickback, or disguised payment for goods or services that is intended to result in referrals.
2. Hospice of the Western Reserve employees shall not accept or provide gifts, gratuity, favor, service, or compensation to or from any referral source to induce referrals to Hospice of the Western Reserve or to provide referrals to the referral source.
3. Hospice of the Western Reserve shall accept patient referrals in a professional manner. Under no circumstances shall Hospice of the Western Reserve offer any form of remuneration to the referring agency in exchange for such referrals.
4. Each Hospice of the Western Reserve employee shall perform job duties free from personal gain, profit, or advantage from patients and families. This would include but is not limited to the receipt of tips, gifts, or gratuities.
5. No Hospice of the Western Reserve employee or patient and family shall be coerced into participating in Hospice of the Western Reserve fundraising activities. Patients and family members shall be made aware of the process to opt out of receiving fundraising solicitations.
6. Hospice of the Western Reserve shall not offer services for free or below fair market value to any potential referral source including, without limitation, any nursing home or other facility to induce patient referrals.
7. Hospice of the Western Reserve shall not pay room and board payments to a nursing home in an amount in excess of what a nursing home would have received directly from Medicaid had the patient not been enrolled in hospice.
8. Hospice of the Western Reserve shall not pay above fair market value for “additional” non-core services which Medicaid does not consider to be included in its room and board payments to the nursing home.
9. Hospice of the Western Reserve shall not refer its patients to a nursing home in order to induce the nursing home to refer its residents to Hospice of the Western Reserve.
10. Hospice of the Western Reserve shall not provide free (or below fair market value) care to nursing home patients, for whom the nursing home is receiving Medicare payment under the Medicare Skilled Nursing Facility benefit, with the expectation that after the patient exhausts the

skilled nursing facility benefit, the patient shall receive hospice services from Hospice of the Western Reserve.

11. Hospice of the Western Reserve shall not provide staff at its expense to a nursing home to perform duties that are the responsibility of the nursing home.

FINANCIAL ARRANGEMENTS WITH OTHERS

Employees of Hospice of the Western Reserve shall report any direct or indirect act which may place Hospice of the Western Reserve at risk of fraud and abuse that violate the Medicare Conditions of Participation, or that violate regulations regarding reimbursement by Medicaid, Medicare, or other third-party payors or private pay arrangements. Hospice of the Western Reserve contracts and agreements with actual or potential referral sources shall be in compliance with the applicable laws and regulations.

1. Hospice of the Western Reserve shall not knowingly enter into agreements with other health care providers who are submitting claims for services that are covered by the Medicare Hospice Benefit. Hospice of the Western Reserve shall not provide services to patients accessing their skilled nursing benefits for their terminal diagnosis, unless the patient/family elects to self-pay for services.
2. Hospice of the Western Reserve shall not provide incentives to actual or potential referral sources that are in violation of anti-kickback statutes or other similar federal or state statutes or regulations.
3. Hospice of the Western Reserve shall not participate in improper patient solicitation activities.
4. Hospice of the Western Reserve shall not offer financial incentive compensation to hospice admission personnel, billing personnel, or consultants.
5. Hospice of the Western Reserve shall bill payors the appropriate rate for the level of care provided to the patient and Hospice of the Western Reserve shall notify payors if reimbursement exceeds the contractual agreement and return excess funds received.
6. Hospice of the Western Reserve shall purchase durable medical equipment (DME), pharmaceuticals, and other services from vendors at a fair market value.
7. No federal funding disbursed to Hospice of the Western Reserve shall be used in connection with lobbying activities at the state or federal level by any agent, employee, or other designee of Hospice of the Western Reserve.

ANTITRUST

Under no circumstances shall the organization or a Hospice of the Western Reserve employee enter into any anti-competitive agreement or arrangement with another hospice or other entity which would violate the antitrust restrictions under state or federal law, including but not limited to:

1. Hospice of the Western Reserve shall not enter into agreements not to compete in any service area.
2. Hospice of the Western Reserve employees shall not discuss or exchange competitively sensitive information with current or potential competitors.

3. Hospice of the Western Reserve shall not coordinate or enter into agreements on fees or charges or other competitive terms with competitors.
4. Hospice of the Western Reserve shall not coordinate or enter into agreements on bids to payors with competitors.
5. Hospice of the Western Reserve shall not allocate existing or future services or patients among competitors.

BILLING

Hospice of the Western Reserve shall not tolerate misrepresentation of any information relating to a claim for reimbursement for hospice services. Hospice of the Western Reserve shall maintain billing practices that are in accordance with the law and regulations.

Hospice of the Western Reserve employees and agents shall not knowingly:

1. Bill for services not provided
2. Bill for inadequate or substandard services
3. Submit false claims for services provided to ineligible persons
4. Improperly bill for dually eligible patients
5. Duplicate bill to obtain double payments from the same of different payors
6. Bill a patient or payor for services that are normally covered by a hospice benefit
7. Submit incomplete or inaccurate Medicare cost reports
8. Fail to refund credit or prepaid balances to patients and payor sources
9. Bill for a higher level of care than was necessary
10. Bill for hospice care provided by unqualified or unlicensed clinical personnel or personnel excluded from federal health care programs
11. Bill based on improper location where hospice care was delivered
12. Improperly bill resulting from inadequate management and oversight of subcontracted services
13. Fail to return overpayments made by federal and state health care programs and/or commercial pay sources
14. Improperly bill resulting from misuse of provider certification numbers

MARKETING

1. Hospice of the Western Reserve shall provide honest straightforward, fully informative marketing without deception. A patient's freedom of choice to select their own provider of choice shall at all times be respected.
2. Hospice of the Western Reserve shall fully inform patients and families about hospice benefits for which they are eligible and patient/family financial responsibility.

ELIGIBILITY AND SERVICE

1. To be eligible for hospice services, individuals need to be terminally ill. Persons shall be evaluated for eligibility for hospice care at the time of admission and at defined intervals thereafter. Hospice of the Western Reserve maintains guidelines that assist with that determination.
2. Hospice of the Western Reserve is responsible for discharging individuals who no longer meet the medical criteria for eligibility for hospice services as determined by a Hospice of the Western Reserve medical director.
3. Hospice of the Western Reserve shall maintain complete and timely documentation of the specific clinical factors that qualify a patient for the hospice benefit.
4. Hospice of the Western Reserve is responsible for providing the appropriate level and intensity of hospice services to individuals as indicated in their plan of care. Services to patients shall be provided in accordance with Medicare and Medicaid hospice regulations, Conditions of Participation, and Ohio hospice licensure laws.
5. Hospice of the Western Reserve and its staff shall not encourage eligible beneficiaries to revoke the hospice benefit when care appropriate to the patient's plan of care becomes costly to deliver, or discourage the election of the hospice benefit by patients with costly diagnoses or plans of care.

COMMUNICATION OF STANDARDS (EDUCATION AND TRAINING)

Hospice of the Western Reserve shall communicate its Corporate Compliance Plan to staff upon employment and on a periodic basis thereafter. In addition, as necessary, staff shall be required to participate in training programs informing them about specific legal and ethical standards related to their job responsibilities.

Any staff member, who feels that they need additional information or training about the Plan generally, or about specific issues relating to their job, shall contact their supervisor or a member of the Corporate Compliance Committee.

Hospice of the Western Reserve compliance educational activities shall include the following:

1. New staff shall be informed about the Corporate Compliance Plan at the time of their initial orientation and are to review in detail the Corporate Compliance Plan. In conjunction with the new employee orientation sessions, all new staff shall take a post-test regarding the Corporate Compliance Plan and the test results shall be forwarded to the Chief Compliance Officer or designee.
2. An annual compliance plan review shall be conducted and results forwarded to the Chief Compliance Officer.

REPORTING MECHANISMS

Hospice of the Western Reserve requires that any staff, vendor, independent contractor, patient or family member who believes they have witnessed or have knowledge of any unethical or illegal act report their concerns to the appropriate individual in the organization. Any staff that makes a good faith report about a compliance issue shall be protected by Hospice of the Western Reserve from harassment and/or retribution. However, reports of incidents or concerns which are knowingly false or are made for reasons of personal animosity or gain shall result in disciplinary action.

Upon termination of employment, all staff shall be provided the opportunity to disclose any violations of federal, state, or local regulations they may be aware of, but have not previously reported to their supervisor, the Chief Compliance Officer, or anyone else in the organization.

ACCESS TO CHIEF COMPLIANCE OFFICER

It is the responsibility of any paid or unpaid staff that identifies a practice or activity they believe may suggest evidence of fraud, abuse, or violation of a law to report their concerns to the Chief Compliance Officer. Hospice of the Western Reserve shall strive to maintain the confidentiality of the person making the report. However, there may be a time when the person's identity may become known or may have to be revealed on a "need to know" basis in certain instances. No promises can be made to staff making a report regarding their liability or what steps Hospice of the Western Reserve may take in response to the matter.

Hospice of the Western Reserve staff, vendors, independent contractors, patients and families can report matters to the Chief Compliance Officer in person, in writing, via voicemail, email or to the Compliance Hotline voicemail box (216-383-6688). Information for contacting the Chief Compliance Officer is as follows:

Mary Kay Tyler, Chief Compliance Officer
Hospice of the Western Reserve
17876 St. Clair Avenue
Cleveland, OH 44110
Telephone: 216-486-6007
Email: mktyler@hospicewr.org
Compliance Mailbox: compliance@hospicewr.org

HOTLINE

Hospice of the Western Reserve's Compliance Hotline voicemail box, 216-383-6688, is in place for use by staff, vendors, independent contractors, patients and families seven days a week, twenty-four hours a day. Individuals can call and leave a confidential message for the Chief Compliance Officer if they become aware of an alleged wrongdoing or if they have any concerns regarding unethical or illegal conduct at, by, or involving Hospice of the Western Reserve. Individuals shall be asked to leave their

name so they can be contacted for follow-up questions if necessary. However, anonymous messages shall also be accepted. Only the Chief Compliance Officer (or designee) shall have access to the Compliance Hotline voicemail box.

AUDITING AND MONITORING

Hospice of the Western Reserve shall take reasonable steps to achieve compliance with standards by utilizing monitoring and auditing systems reasonably designed to detect criminal conduct by its employees and other agents. Hospice of the Western Reserve shall also publicize a reporting system whereby employees and other agents can report criminal conduct by others within the organization without fear of retribution.

AUDIT TEAMS

Depending on the area or functions/process being audited, each audit team shall include one or more persons with the background or experience in one of the following areas (if necessary, outside consultants may be engaged to assist with or perform certain audits):

1. Claims documentation and submission processes
2. Sales and/or marketing practices
3. Admission, discharge, and clinical care processes
4. Familiarity with federal and state health care statutes and regulations and Medicare Hospice Conditions of Participation.

AUDIT AREAS

The audit areas listed below have been identified by the Office of the Inspector General (OIG) in their Compliance Program Guide for Hospices (Federal Register, October 5, 1999) as areas of specific concern in hospice operations and shall be the core of any audit activity.

- Uninformed consent to elect the Medicare Hospice Benefit
- Admitting patients to hospice care who are not terminally ill
- Arrangement with another health care provider who hospice knows is submitting claims for services already covered by the Medicare Hospice Benefit
- Underutilization
- Falsified medical records of plans of care
- Untimely and/or forged physician certifications on plans of care
- Inadequate or incomplete services rendered by the transdisciplinary group
- Insufficient oversight of patients, in particular, those patients receiving more than six consecutive months of hospice care
- Hospice incentives to actual or potential referral sources (e.g. physicians, nursing homes, hospitals, patients, etc.) that may violate the anti-kickback statute or other similar federal or state regulation, including improper arrangements with nursing homes

- Overlap in services that a nursing home provides, which results in insufficient care provided by a hospice to a nursing home resident
- Improper relinquishment of core services and professional management responsibilities to nursing homes, volunteers, and privately paid professionals
- Providing hospice services in a nursing home before a written agreement has been finalized, if required
- Billing for a higher level of care than was necessary
- Knowingly billing for inadequate or substandard care
- Pressure on a patient to revoke the Medicare Hospice Benefit when the patient is still eligible for and desires care, but the care has become too expensive for the hospice to deliver
- Billing for hospice care provided by unqualified or unlicensed clinical personnel
- False dating of amendments to medical records
- High pressure marketing of hospice care to ineligible beneficiaries
- Improper patient solicitation activities, such as “patient charting”
- Inadequate management and oversight of subcontracted services, which results in improper billing
- Sales commissions based upon length of stay in hospice
- Deficient coordination of volunteers
- Improper indication of the location where hospice services were delivered
- Failure to comply with applicable requirements for verbal orders for hospice services
- Non response to late referrals by physicians
- Knowing misuse of provider certification numbers, which results in improper billing
- Failure to adhere to hospice licensing requirements and Medicare Conditions of Participation
- Deliberate failure to return overpayments made by federal health care programs
- Other areas may be subject to monitoring as determined by the Corporate Compliance Committee

AUDIT PROCESS

Sampling protocols that permit the Chief Compliance Officer to identify and review variations from an established baseline and identify trends over time shall be the cornerstone of the audit process. The audit process monitoring techniques may include but are not limited to:

- On-site visits
- Interviews of patients at their residences
- Interviews of focus groups with personnel involved in management, operations, billing, marketing, patient referrals, and referral source development
- Tests of clinical staff on their knowledge of reimbursement coverage criteria
- Chart reviews
- Document reviews (including policies and procedures)
- Unannounced mock audits and investigations
- Contract review

- Assessment of existing relationships with physicians, nursing homes, hospitals, and other referral sources
- Personnel chart reviews to verify applicable state license renewals and certifications of non-licensed professionals
- Trend analysis studies

AUDIT FINDINGS

1. The audit team shall report the audit findings to the Corporate Compliance Committee and those reports shall be shared with the Medical Advisory, Program and Compliance Committee of the Board of Directors.
2. When lack of compliance is found, a corrective action plan shall be developed and implemented within 30 days.
3. The audit team shall assess the adequacy of the corrective action plan within six months of its implementation.
4. The audit team may request additional post-compliance audits to ensure continued compliance.
5. Findings of the audits may lead to an investigation.

AUDIT OF THE CORPORATE COMPLIANCE PLAN

The Corporate Compliance Plan shall be regularly audited to ensure its effectiveness. Means of determining the effectiveness of the Corporate Compliance Plan include:

1. Conducting spot checks of compliance issues that were resolved to make sure the problem is not recurring
2. Conducting post-compliance audits
3. Analyzing results of audits performed by contracted entities and organizations
4. Assessing training effectiveness and frequency

CORRECTIVE ACTION

INVESTIGATION

The Chief Compliance Officer or designee shall begin to investigate all complaints or allegations within one business day of receipt of a report and make a decision whether the investigation warrants the use of outside counsel, or whether to proceed along other avenues. If the Chief Compliance Officer or designee believes the integrity of the investigation may be at stake because of the presence of staff under investigation, they may be removed from their current work activity until the investigation is completed. The Chief Compliance Officer or designee should take appropriate steps to secure or prevent the destruction of documents and other evidence relevant to the investigation.

REPORTING

If the Chief Compliance Officer or designee received credible evidence of misconduct from any source and, after appropriate investigative inquiry, has reasonable grounds to believe that the misconduct may violate criminal, civil, or administrative law, the Chief Compliance Officer or designee shall report the misconduct to appropriate governmental authorities. Prior to making a report, Hospice of the Western Reserve shall consult with legal counsel.

Working with legal counsel, the Chief Compliance Officer or designee shall furnish to appropriate government officials information about any violation within sixty days after receipt of the credible evidence of misconduct. Hospice of the Western Reserve shall cooperate fully with any government investigation of a violation.

CORRECTING IDENTIFIED PROBLEMS

If the investigation reveals that misconduct did occur, Hospice of the Western Reserve shall initiate corrective actions immediately.

Corrective actions may include: immediate restitution to the appropriate government agency, company, or person; disciplinary action; and correction of any problems identified by the investigation.

DISCIPLINARY ACTION

Based on the results of an investigation, Hospice of the Western Reserve shall take the following disciplinary action when a staff member, agent, or other person or companies doing business with Hospice of the Western Reserve have been found to have acted illegally or in violation of Hospice of the Western Reserve's policies:

STAFF

If a staff member is found to have participated in an act or directed an act that is illegal or in violation of Hospice of the Western Reserve policies, the Chief Compliance Officer or designee shall report this finding to the Chief Executive Officer and to the supervisor of a staff member. The staff member shall be disciplined in accordance with pertinent Hospice of the Western Reserve policies and procedures.

AGENTS OR OTHER PERSONS OR COMPANIES DOING BUSINESS WITH HOSPICE OF THE WESTERN RESERVE

If an agent or other person or a company doing business with Hospice of the Western Reserve is found to have participated in an act or directed an act that is illegal or in violation of Hospice of the Western Reserve's policies, the Chief Compliance Officer shall report this finding to the Chief Executive Officer to discuss appropriate follow-up actions. Termination of Hospice of the Western Reserve's relationship with the offending entity shall be considered.

EMPLOYEE SCREENING AND RETENTION

Criminal background and reference checks shall be done for all new staff. Applicants must disclose any criminal conviction. New staff found to have been convicted of criminal offenses as outlined in the Ohio Department of Health regulations pertaining to hospice care, or who are listed as disbarred, excluded, or otherwise ineligible for participation in federal healthcare programs shall not be employed with Hospice of the Western Reserve.

All Hospice of the Western Reserve and contracted physicians shall be checked through the National Practitioner Databank. The List of Excluded Individuals/Entities shall be checked with respect to all staff, referring physicians, and contracted personnel.

RECORDS RETENTION

Hospice of the Western Reserve shall ensure that all records and reports pertaining to the compliance plan are maintained in a secure and confidential manner for a period of seven years.

REVISION HISTORY

October 2011
June 2012
July 2013
July 2014
May 2015
January 2016
January 2017