CORPORATE COMPLIANCE PLAN
# CORPORATE COMPLIANCE PLAN

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I. Introduction
The Board of Directors of Hospice & Palliative Care Charlotte Region (HPCCR) is committed to ensuring that individuals and entities associated with HPCCR comply with all ethical, legal and regulatory obligations and that all services provided are consistent with accepted standards of practice. The Mission of HPCCR is to relieve suffering and improve the quality and dignity of life through compassionate hospice care for those at the end of life, palliative care for those with advanced illness, and through community education.

As evidence of this commitment, the Board of Directors authorizes the Corporate Compliance Program to detect, prevent and correct any potential violations of law or regulation. In particular, the Corporate Compliance Program will respond to the areas of concern outlined in the Office of the Inspector General’s Compliance Program Guidance for Hospices.

The Board of Directors resolves to allocate sufficient financial and personnel resources to ensure the effectiveness of the HPCCR Corporate Compliance Program.

II. Standards of Conduct
1. Excellence in quality of care
   HPCCR is committed to providing care of the highest quality by licensed and competent staff in accordance with laws and regulations and accepted standards of practice.

   HPCCR staff provides care to each patient according to a written plan of care that is established, reviewed and revised as necessary by the Interdisciplinary Team (IDT) and the patient’s attending physician.

   a) HPCCR staff provides accurate, timely and complete documentation of the care provided to the patient. This documentation is maintained in the medical record of each patient.

   b) The HPCCR physician and the IDT provide oversight of the patient’s plan of care to ensure that the patient remains eligible for hospice services and receives care that is appropriate and necessary for the palliation of symptoms and management of the terminal illness.

   HPCCR coordinates and provides professional management of care under a written agreement with other providers to ensure that the care is provided in accordance with the patient’s hospice plan of care.

2. Compliance with Laws and Regulations
   HPCCR and its staff comply with all federal and state laws and regulations governing and related to the provision of hospice care, with particular emphasis on prevention of fraud and abuse.

   a) HPCCR staff provides complete and accurate information to patients and caregivers about the palliative nature of hospice care, the Hospice Medicare Benefit, its criteria for eligibility and any limitations of coverage.
b) HPCCR and its staff ensure that patients who elect the Hospice Medicare Benefit meet eligibility requirements for admission to the program and continue to be eligible throughout the provision of hospice care.

c) The HPCCR cost report is completed in conformance with laws and regulations is accurate and is submitted on time.

d) The claims for reimbursement submitted by HPCCR are complete, and accurately reflect the services provided, the location of services and the hospice provider number.

3. Compliance with policy regarding remuneration/financial advantage

   a) Paid staff members and volunteers are prohibited from seeking, soliciting or accepting for themselves (personal gain), or for a third party, anything of value in return for any service(s) normally provided by a staff member or volunteer of HPCCR.

   b) No staff member or volunteer will accept personal gifts of money for themselves for personal gain (including gift cards, cash, and checks) from a patient, patient’s family member or vendor.

   c) Non-monetary gifts may be accepted as long as the value is less than $25.00. When accepting such gifts, staff members and volunteers must keep in mind such issues as the competence of the patient and whether acceptance could result in potential conflict with the family.

   d) Exception to above statement (#3) is in the event of an HPCCR ordained chaplain/clergy who is asked to perform religious ceremonies on non-HPCCR time, outside of their normal worked schedule (typically weekends).

   e) Receipt of gifts for the benefit of HPCCR:
      i. Staff members and volunteers may accept a gift or money on behalf of HPCCR. It is recommended that any monies received be in the form of a check made payable to HPCCR.
      ii. If currency is accepted, a handwritten receipt is provided to the donor at the time of donation.
      iii. Upon delivery of such a gift to the Development Department, a receipt is provided to the staff member making the delivery.
      iv. Payment for any and all services performed on HPCCR time must be submitted to the Development Office of Hospice & Palliative Care Charlotte Region at 1420 East Seventh Street Charlotte, North Carolina within three working days of receipt.

   f) No paid staff member or volunteer shall knowingly take action or make any statement intended to influence the conduct of HPCCR in such a way as to confer financial benefit on such person or on any corporation or entity in which the individual has a significant interest or affiliation.

4. Adherence to the highest ethical standards

   a) No paid staff member or volunteer shall authorize the use for the benefit or advantage of any person, the name, logo, letterhead, official marks, endorsement, services or property of HPCCR, except in conformance with HPCCR policy for official agency business.
b) No paid staff member or volunteer shall publicly utilize any HPCCR affiliation in the connection with the promotion of partisan politics, religious matters or any issues not in conformity with the position of HPCCR.

c) No paid staff member or volunteer shall disclose any HPCCR information that is available solely as the result of the employee’s/volunteer’s affiliation with HPCCR to any person, organization or entity not authorized to receive such information or use to the disadvantage of HPCCR any such information, without the express authorization of HPCCR (this applies to current and former HPCCR staff).

d) No paid staff member or volunteer shall participate in activities or business relationships that might pose a conflict of interest with their responsibilities to the hospice program.

e) In the event that any volunteer or paid staff member’s obligation to operate in the best interest of HPCCR conflicts with the interest of any organization in which he/she has a financial interest or with which he/she is affiliated, the individual shall disclose such conflict to HPCCR as soon as he/she becomes aware of it, and shall refrain from participating in any decision-making on the matter.

f) HPCCR staff is required to disclose to their supervisor any current or outside employment in which the employee is or intends to be engaged. Staff is not permitted to work for an HPCCR competitor (such as another hospice or palliative care program) concurrently with HPCCR employment. Should an employee terminate employment with HPCCR and become employed by a competitor, all information related to HPCCR is not to be disclosed including, but not limited to, financial information, policies, pay scales, employment practices or strategic plans.

g) HPCCR staff shall set professional limits when dealing with patients and caregivers, such as home phone numbers or e-mail addresses.

h) HPCCR Board of Directors will declare any potential conflict of interest and will be excused from any decision-making which might involve conflict of interest. All professional staff will act within the discipline-specific standards of practice.

i) Members of the HPCCR Board of Directors provide signed agreement to disclose any actual or potential conflicts of interest. This document is signed on admission to the Board of Directors and annually thereafter.

5. Maintenance and preservation of accurate records
a) Medical and financial records of the organization will be maintained according to law and regulation.

b) Dating of all records will be accurate and will not be falsified.

c) Physician signatures on documents will be completed according to organizational policy.

d) Billing will be submitted only for services provided, according to the appropriate billing code, and for only the level of care provided.

6. Compliance with marketing materials and practice
a) Marketing practices are in accordance with applicable laws, regulations and ethical standards.

b) The HPCCR hospice and related programs, including criteria for admission, are accurately described in marketing materials.
c) HPCCR marketing materials provide complete and adequate information about entitlement under the Hospice Medicare Benefit.
d) Eligibility requirements of the Hospice Medicare Benefit are included in appropriate marketing materials.
e) Marketing materials explain the Medicare services waived by the election of the Hospice Medicare Benefit.

7. **Respect for the rights and dignity of others**
   a) HPCCR staff respect patient property and the right to privacy, informed consent, confidentiality and safety at all times.
b) All patients and their family members and associates, all staff, Board members, volunteers, and others with whom one has contact, shall be addressed by their surname (last name) and the appropriate courtesy titles (Mr., Mrs., Ms., Dr., etc.) unless the individual requests otherwise.
c) All volunteers and paid staff receive education related to privacy and confidentiality and are expected to comply with the confidentiality policy of the organization.

III. **Corporate Compliance Program requirements**
1. HPCCR staff adheres to the organization’s Standards of Conduct and understand that any violations of the Standards results in disciplinary action.

2. HPCCR staff is required to report any conduct or activities that are in violation of the Standards of Conduct of the organization.
   a) Lines of communication to hospice supervisors and the Corporate Compliance Officer are available to all staff, volunteers and contractors.
b) HPCCR staff may use the “Values Line” 1.800.273.8452 available for the purpose of raising questions, concerns or complaints regarding suspect conduct or activity. This toll-free line is available to staff 24 hours/day, 7 days/week and 365 days/year. It assures anonymity of the caller.
c) HPCCR is committed to protecting the anonymity, in so far as possible, of any person making a complaint or inquiry.
d) HPCCR staff who meets the obligation to report questionable activity or conduct is protected from retaliation or any form of retribution.
e) All documents pertaining to the provision of care and to the Corporate Compliance Program will be protected, retained and destroyed in accordance with HPCCR policies and procedures.
f) HPCCR staff does not alter or destroy hospice documents requested by state or federal authorities.

IV. **Corporate Compliance Officer and Committee**
HPCCR has designated Senior Director for Corporate Compliance/Quality Improvement as Corporate Compliance Officer of the organization. The primary function of the Corporate Compliance Officer is to oversee compliance with applicable statutes, rules, regulations and policies. The Corporate Compliance Officer serves as the focal point of all compliance activities and is responsible for the implementation, maintenance and evaluation of the Corporate Compliance Program. A Corporate Compliance Committee has been formed to assist the Corporate Compliance Officer with oversight of the Corporate Compliance Program. (See
Appendix A) The functions of the Corporate Compliance Officer are described in the attached Appendix B.
V. Staff education and training
1. The Corporate Compliance Officer is responsible to assure that all new staff is provided education on the Corporate Compliance Program including Standards of Conduct at the time of initial orientation to the organization.
2. The Corporate Compliance Officer is responsible to ensure the education for all hospice staff, volunteers, physicians and independent contractors on an annual basis using formal or informal methods.
3. Methods that may be used include in-services, presentations, videos, newsletters, e-mail, bulletin boards, memos or other handbooks or handouts. Appendix C describes the content to be included in the training.
4. At the time of hire, and any time new Standards of Conduct are issued, each employee and volunteer are required to sign a statement indicating their receipt and understanding of the standards. This certification will be maintained in each employee file.

VI. Internal reporting mechanism
1. Employees and volunteers are encouraged to report any concerns about compliance with Standards of Conduct to their immediate supervisor. In the event the employee is uncomfortable reporting to their immediate supervisor, they are encouraged to report to any other manager or to the Human Resources Department.
2. In the event an employee is not comfortable reporting suspected violations of corporate compliance within the organizational structure, a 24 hour “hotline” is available for anonymous reporting. This toll-free “Values Line” can be reached at 1.800.273.8452.
3. If a call is received at the Values Line, the Corporate Compliance Officer of HPCCR is notified and will initiate an investigation.

VII. Audits and monitoring function
1. Audits of compliance with law and regulation are incorporated into the routine organizational Quality Improvement (QI) program.
2. As a measure of understanding of and compliance with the regulation, specific focused audits will be conducted after implementation of new regulations.

VIII. Hiring protocol
1. All potential staff are subject to criminal history record checks, Division of Motor Vehicle checks (for those whose job requires driving a motor vehicle), a national sex offender registry check and check with the Office of the Inspector General to assure no exclusion from the federally funded healthcare programs.

IX. Disciplinary action
1. Specific “unacceptable activities” are listed in the Employee Handbook. These activities include violations of the Corporate Compliance Standards of Conduct.
2. Violations of the Corporate Compliance Standards of Conduct, as well as violations of any other policies of the organization, may subject the employee or volunteer to disciplinary action up to and including immediate termination.
X. Response and corrective action
1. Alleged violations and investigations:
   a) The Corporate Compliance Officer will immediately initiate an investigation of all
      reported concerns of violations related to corporate compliance, in consultation with the
      legal counsel of the organization, as appropriate.
   b) Response to allegation of non-compliance will be determined on a case-by-case basis.
   c) Depending on the nature of alleged violations, an internal investigation may include
      interviews and review of relevant documents.
   d) Action taken may necessarily vary depending on the situation.
   e) If credible evidence exists that misconduct may violate criminal, civil or administrative
      laws, HPCCR will report the existence of such misconduct to the appropriate federal
      and/or state authorities within 60 days after determining that there is credible evidence
      of a violation\(^1\)

XI. Evaluation of the Corporate Compliance Plan
1. The HPCCR Board of Directors reviews the plan annually and provides feedback as
   needed.
2. Staff understanding of the Corporate Compliance Plan is evaluated after training and
   education is provided.
3. Compliance audits are completed using high-risk/high-volume and high-risk/low volume
   processes, as well as after implementation of regulatory changes.

\(^1\) Federal Register/Vol.64, No. 192/Tuesday, October 5, 1999/Notices, page 54047
## APPENDIX A

### CORPORATE COMPLIANCE COMMITTEE MEMBERS

<table>
<thead>
<tr>
<th>CORPORATE COMPLIANCE OFFICER</th>
<th>Corporate Compliance/Quality Improvement</th>
<th>704-887-6451</th>
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<tbody>
<tr>
<td>Catherine Almon</td>
<td>Senior Director Corporate Compliance/Quality Improvement</td>
<td>704-887-6451</td>
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### CORPORATE COMPLIANCE COMMITTEE MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Cathy Almon, BSN, RN, CPHQ</td>
<td>Senior Director Corporate Compliance &amp; Quality Improvement</td>
<td>704.770.6195</td>
</tr>
<tr>
<td>Lisa H. Hood, BSN, CHPCA</td>
<td>Vice President Clinical Services</td>
<td>980.297.8940</td>
</tr>
<tr>
<td>Peter A. Brunnick, CPA</td>
<td>President &amp; CEO</td>
<td>704.975.1977</td>
</tr>
<tr>
<td>Cynthia L. Tilley, SPHR</td>
<td>Executive Vice President Human Resources &amp; Marketing</td>
<td>704.562.8643</td>
</tr>
<tr>
<td>Robert Smith, MD</td>
<td>Medical Director</td>
<td>704.887.6431</td>
</tr>
<tr>
<td>Laura Fitzpatrick, LNHA</td>
<td>Administrator, Levine &amp; Dickson Hospice House</td>
<td>704.582.9619</td>
</tr>
<tr>
<td>Joaquin Soria</td>
<td>VP Financial Services/Chief Financial Officer</td>
<td>704-335-3507</td>
</tr>
<tr>
<td>Angela Prince, CPA</td>
<td>Senior Director of Financial Services</td>
<td>704.887.6410</td>
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### CORPORATE COMPLIANCE COMMITTEE AD HOC MEMBERS

<table>
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<th>Name</th>
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<tr>
<td>Michael Bolewitz, PharmD, MBA</td>
<td>Medical Services Pharmacist</td>
<td>704.335.3563</td>
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APPENDIX B

JOB FUNCTIONS OF HPCCR CORPORATE COMPLIANCE OFFICER

Primary and specific responsibilities of the Hospice & Palliative Care Charlotte Region Corporate Compliance Officer include:

1. Oversight and monitoring of the Corporate Compliance Program.
2. Reporting on a regular basis to the governing body, the CEO and the Corporate Compliance Committee.
3. Periodically making recommendations for changes to the Corporate Compliance Program, as appropriate.
4. With the Corporate Compliance Committee, development, coordination and participation in multifaceted educational offerings for staff.
5. Ensuring that the individuals and entities associated with HPCCR comply with all ethical and legal regulatory obligations and that all services provided are consistent with accepted standards of the practice.
## APPENDIX C

### TEACHING PLAN

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* Physicians only
APPENDIX D
THE OIG HOSPICE RISK AREAS

1. Uninformed consent to elect the Medicare Hospice Benefit
2. Admitting patients to hospice care who are not terminally ill
3. Arrangement with another health care provider who a hospice knows is submitting claims for services already covered by the Medicare Hospice Benefit
4. Under-utilization
5. Falsified medical records or plans of care
6. Untimely and/or forged physician certifications on plans of care
7. Inadequate or incomplete services rendered by the Interdisciplinary Group
8. Insufficient oversight of patients, in particular, those patients receiving more than six consecutive months of hospice care
9. Hospice incentives to actual or potential referral sources
10. Overlap in the services that a nursing home provides, which results in insufficient care provided by a hospice to a nursing home resident
11. Improper relinquishment of core services and professional management responsibilities to nursing homes, volunteers and privately-paid professionals
12. Providing hospice services in a nursing home before a written agreement has been finalized
13. Billing for a higher level of care than was necessary
14. Knowingly billing for inadequate or substandard care
15. 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
16. Billing for hospice care provided by unqualified or unlicensed clinical personnel
17. False dating of amendments to the medical record
18. High-pressure marketing of hospice care to ineligible beneficiaries
19. Improper patient solicitation activities, such as “patient charting”
20. Inadequate management and oversight of subcontracted services, which results in improper billing
21. Sales commissions based upon length of stay in hospice
22. Deficient coordination of volunteers
23. Improper indication of the location where hospice services were delivered
24. Failure to comply with applicable requirements for verbal orders for hospice services
25. Non-response to late hospice referrals by physicians
26. Knowing misuse of provider certification numbers, which results in improper billing
27. Failure to adhere to hospice licensing requirements and Medicare Conditions of Participation
28. Knowing failure to return overpayments made by federal health care programs
APPENDIX E
(OIG WORK PLAN 2012)

Acute care Hospital Inpatient Transfers to Inpatient Hospice Care (NEW)
1. We will review Medicare claims for inpatient stays for which the beneficiary was transferred to hospice care and examine the relationship, either financial or common ownership, between acute-care hospital and the hospice provider and how Medicare treats reimbursement for similar transfers from the acute-care setting to other settings.

Hospice Marketing Practices and Financial Relationships with Nursing Facilities (NEW)
1. We will review hospices’ marketing materials and practices and their financial relationships with nursing facilities.
2. We will focus our review on hospices that have a high percentage of their beneficiaries in nursing facilities.

Medicare General Inpatient Care
1. We will review the use of hospice general inpatient care from 2005-2010.
2. We will assess the appropriateness of hospices’ general inpatient claims and hospice beneficiaries’ drug claims billed under Part D.
3. We will review hospice medical records to address concerns that this level of hospice care is being misused and to determine the extent to which drugs are being inappropriately billed to Part D.

Duplicate Drug Claims for Hospice Beneficiaries
1. We will review appropriateness of drug claims for individuals who are receiving hospice benefits under Medicare Part A and drug coverage under Medicare Part D.
2. We will determine whether payments under Part D are correct, supported, and not duplicated in hospice per diem amounts.
3. We will also determine the extent of any duplication found and identify controls to prevent duplicate drug payments.

Hospice Services: Compliance With Reimbursement Requirements
1. We will determine whether Medicaid payments for hospice services complied with Federal reimbursement requirements.