

## **Premier Hospice**

### **COMPLIANCE PLAN Policy No: 18.1.1**

#### **PURPOSE**

Premier Hospice (PH) is committed to prevention and detection of non-compliance, and to taking all appropriate action to assure compliance with all legal and regulatory statutes and to promote honest and ethical behavior in all work-related activities.

#### **POLICY**

Premier Hospice has established the Compliance Plan to ensure that quality patient care is provided in a manner that fully complies with all applicable state and federal laws and regulations. It is the policy of Premier Hospice that:

1. a) All employees/covered persons comply with all federal health care program reviews, policies, standards of conduct, and terms of the corporate integrity agreement,
2. b) All employees/covered persons are educated about the applicable laws and trained in matters of compliance,
3. c) There is periodic auditing, monitoring, and oversight of compliance with those laws,
4. d) There exists an atmosphere that encourages and enables the reporting of non-compliance without fear of retribution,
5. e) Responsibility is not delegated to persons with a propensity to act in a non-compliant manner, and
6. f) Mechanisms exist to investigate, discipline, and correct non-compliance.

“Covered Persons” includes all owners, officers, directors, and employees of Premier Hospice; and all contractors, subcontractors, agents, and other persons who provide patient care items or services or who perform billing or coding functions on behalf of PH, excluding vendors whose sole connection with PH is selling or otherwise providing medical supplies or equipment to PH and who do not bill the Federal health care programs for such medical supplies or equipment.

<b>Effective</b>	<b>Reviewed</b>	<b>Revised</b>
<b>01-01-2017</b>	<b>10-21-2017</b>	

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The plan provides for the existence of a Director of Compliance and Quality who has ultimate responsibility and accountability for compliance matters. However, each individual employee/covered person of Premier Hospice remains responsible and accountable for his or her own compliance with applicable laws. This includes, but is not limited to, the obligation to ensure that all documents and medical records are accurate, timely, and complete. Employees/covered persons with confirmed acts of non-compliance would be disciplined, including termination.

### **BENEFITS OF A COMPLIANCE PROGRAM**

The OIG believes an effective compliance program provides a mechanism that brings the public and private sectors together to reach mutual goals of reducing fraud and abuse, strengthening operational quality, improving the quality of health care services and reducing the cost of health care. Attaining these goals provides positive results to hospices, the Government, and individual citizens alike. In addition to fulfilling its legal duty to ensure that it is not submitting false or inaccurate claims to Government and private payer's, a hospice may gain numerous additional benefits by voluntarily implementing an effective compliance program. These benefits may include the ability to:

- Formulate effective controls to assure compliance with Federal and State statutes, rules and regulations, and Federal, State and private payer health care program requirements and internal guidelines;
- Concretely demonstrate to employees and the community at large the hospice's strong commitment to honest and responsible provider and corporate conduct;
- Identify and prevent illegal and unethical conduct;
- Improve internal communication;
- More quickly and accurately react to employees' operational compliance concerns and target

Resources to address those concerns;

- Improve the quality, efficiency, and consistency of patient care;
- Create a centralized source for distributing information on health care statutes, regulations, and

Other program directives regarding fraud, waste and abuse, and related issues;

- Formulate a methodology that encourages employees to report potential problems;
- Develop procedures that allow the prompt, thorough investigation of alleged misconduct by

Corporate officers, managers, employees, independent contractors, consultants, volunteers,

Physician's, nurses and other health care professionals;

- Initiate immediate, appropriate, and decisive corrective action; and
- Minimize, through early detection and reporting, the loss to the Government from false claims,

and thereby reduce the hospice's exposure to civil damages and penalties, criminal sanctions and administrative remedies, such as program exclusion.

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## **Premier Hospice**

### **PROCEDURE**

Assignment of Corporate Compliance Officer

### **COMPLIANCE PLAN Policy No: 18.1.1**

1. There shall be appointed a Director of Compliance (DOC) reporting to the Premier Hospice Governing Body.
2. The DOC oversees the education of personnel regarding proper compliance, the auditing and monitoring of the statutes of compliance, and the reporting, investigation, discipline, and correction of non-compliance. It is also his/her responsibility to ensure programs are in place to guarantee that significant discretionary authority is not delegated to persons with a demonstrated or suspected propensity for improper or unlawful conduct. It is not expected that the DOC will have the knowledge or expertise necessary to ensure compliance with all laws and regulations that affect Premier Hospice. He/she is responsible, however, for the overall programs and must ensure that qualified, knowledgeable personnel assist in monitoring and educational functions.
3. The DOC reports on the Compliance Plan to the Compliance Committee (at least quarterly) and The Governing Body (at least quarterly). The report includes, but is not limited to:
  1. The level of compliance or non-compliance found as a result of monitoring and auditing (both internal and external).
  2. The success of efforts to improve compliance, including training and education.
  3. The non-delegation of discretionary authority to those with the propensity to act improperly.
4. The DOC may appoint such staff, as deemed necessary, to assist in the performance of the responsibilities outlined above.

## Employee/Covered Persons Reporting

1. All employees/covered persons have the responsibility to comply with applicable laws and regulations and to report any acts of non-compliance.
2. Any employee/covered person, who perceives or learns of an act of non-compliance, should speak to his/her supervisor, call the DOC, or call the Compliance Hot Line at 1-281-965-7946/ [compliance@premierhospicetx.com](mailto:compliance@premierhospicetx.com). Supervisors are required to report these issues through established management channels/ Program Director Reports and/or the DOC. Reports may be made anonymously. All employees/covered persons are encouraged to call the Hot Line or email if they have any questions about whether their concern should be reported. A written record of every report received will be kept for a period of six (6) years.

## Premier Hospice

### COMPLIANCE PLAN Policy No: 18.1.1

3. All employees/covered persons are required to report acts of non-compliance. Any employee/covered person found to have known of such acts, but who failed to report them, will be subject to discipline.
4. Disciplinary action will not be taken against employees reporting issues in good faith.
5. No employee/covered person shall, in any way, retaliate against another employee/covered person for reporting an act of non-compliance. Acts of retaliation, retribution or intimidation should also be reported to the Hot Line and will be investigated by the DOC or his/her designee. Any confirmed act of retaliation shall result in discipline.
6. All employees/covered persons are to disclose immediately any debarment, exclusion or suspension or pending action that would exclude participation in Federal health care plan.

## Investigation of Non-Compliance

1. The DOC or their designee(s) will investigate every report of non-compliance whether reported through the Hot Line or otherwise. Investigations will be done promptly and will consist of interviewing personnel, examining documents, and consulting with legal counsel, if necessary.
2. Response to concerns or compliance hotline calls will be made in a timely manner, within at least 30 days of the initial concern. Complainants will be contacted at least every 90 days during the investigation and at the conclusion.

3. The DOC or their designee(s) have full authority to interview any employee/covered person and review any document (subject to state and federal laws on patient confidentiality) he/she deems necessary to complete the investigation.
4. A written record of each investigation will be created and maintained by the DOC. He/she will make every effort to preserve the confidentiality of such records and will make any necessary disclosures on a “need-to-know” basis only.
5. The DOC will report the results of each investigation considered significant to the Governing Body/Chief Operating Officer. He/she will recommend a course of discipline and/or other corrective action. Sanctions for non-compliance may be imposed.

#### Corrective Action or Discipline

### **COMPLIANCE PLAN Policy No: 18.1.1**

1. Every confirmed act of non-compliance may result in corrective action or discipline. The DOC is responsible to impose a plan of correction and make recommendations regarding sanctions/disciplinary actions.
2. The Governing Body may advise on sanctions for severe or repeated instances of non-compliance. Sanctions may include, but are not limited to, a requirement to follow a certain process or procedure in the future, restitution, and/or discipline including termination.

#### Training

1. The DOC will monitor the education of employees/covered persons concerning the existence of the Compliance Plan, the contents of the plan, and the need to abide by the specific laws and regulations. The DOC will ensure that employees/covered persons receive a copy of the Standard of Conduct on hire and at least annually. He/she will inform employees/covered persons of changes in the laws or regulations periodically and systematically through written communications and in-service training.
2. All current and new employees/covered persons will have access to the Plan. A copy will appear in the Employee Handbook. All new employees/covered persons will be oriented to the Plan and all employees/covered persons will receive annual in-service training regarding the plan.

#### Monitoring and Auditing

1. The DOC will be responsible for monitoring employees/covered persons' compliance with applicable laws and regulations. He/she will ensure that the level of compliance with the Conditions of Participation is audited at least annually. He/she will also arrange for external auditing, as deemed necessary.
2. If the DOC discovers that a team's/department's or individual's level of compliance is unacceptable, he/she may impose a plan of corrective action, which

- may include future monitoring of an individual, team/department or specific process on a more frequent basis. Corrective actions and sanction for acts of non-compliance will be managed as outlined previously.
3. Annual audit and monitoring plans will be developed and may be based on topics addressed in the annually published OIG work plan, CMS fraud alerts, previous audit findings and areas identified internally as needing improvement.

Examples of audit topics may include, but are not limited to:

1. a) Signed Bill of Rights.
2. b) Signed Physician orders.

## **Premier Hospice**

### **4. Billing**

#### **Accuracy**

##### **c) Adherence to plan of care.**

4. d) Adherence to LCD for eligibility.
  5. e) Adherence to continuous care, patient and respite criteria.
  6. f) Volunteer utilization.
1. a) All claims for services submitted to health care programs (Medicare, Medicaid, commercial insurance, etc.) for reimbursement will accurately reflect the services ordered and performed. All billing information will be provided to the appropriate payer using accurate information including patient name and address, date(s) of services, date of birth, and service identifiers and/or Rate codes.
  2. b) Billing Codes (CPT-4, HCPCS, Rate or Revenue Codes) used to bill will accurately describe the service performed and will be payer-specific.
  3. c) Billing Code accuracy is reviewed at the initiation of a service.
  4. d) Intentionally or knowingly billing for a level of care or service to maximize reimbursement is forbidden and will result in disciplinary action.

#### **Approved Billing Practices**

##### **1. Premier Hospice bills:**

1. a) For medically necessary service.
2. b) For services ordered and rendered.
3. c) Medicare for patients that meet LCD eligibility criteria.
4. d) For services rendered which are supported by documentation in the patient's charts.
5. e) For services provided by qualified and licensed clinical personnel.
6. f) Identifies and returns overpayments.

