
CORPORATE COMPLIANCE PLAN**Policy No. 2-041.1****PURPOSE**

Community Choice Home Care, Inc. is committed to prevention, detection, 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

Community Choice Home Care, Inc. has established this 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 Community Choice Home Care, Inc. that (1) all employees are educated about the applicable laws and trained in matters of compliance, (2) there is periodic auditing, monitoring and oversight of compliance with those laws, (3) there exists an atmosphere that encourages and enables the reporting of non-compliance without fear of retribution, (4) responsibility is not delegated to persons with a propensity to act in a non-compliant manner, and (5) mechanisms exist to investigate, discipline and correct non-compliance.

The plan provides for the existence of a Corporate Compliance Officer (CCO) who has ultimate responsibility and accountability for compliance matters. **However, each individual employee of Community Choice Home Care, Inc. remains responsible and accountable for his or her own compliance with applicable laws.** Confirmed acts of non-compliance will be disciplined, including termination.

PROCEDURE***Assignment of Corporate Compliance Officer***

1. There shall be appointed a Corporate Compliance Officer, reporting to the Community Choice Home Care, Inc. Administrator/CEO and Governing Body (Compliance Committee of the Board).
2. The CCO 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 CCO will have the knowledge or expertise necessary to ensure compliance with all laws and regulations that affect Community Choice Home Care, Inc. He/she is responsible, however, for the overall programs and must ensure that qualified, knowledgeable personnel assist in monitoring and educational functions.
3. The CCO reports on the compliance plan to the Quality/ Performance Improvement (QI or PI) or Compliance Committee (at least quarterly) and The Governing Body (at least annually). The report includes but is not limited to:

- A. The level of compliance or non-compliance found as a result of monitoring and auditing (both internal and external)
 - B. The success of efforts to improve compliance, including training and education
 - C. The non-delegation of discretionary authority to those with the propensity to act improperly
 - D. Corrective or disciplinary action taken with respect to those found to be non-compliant.
4. The CCO may appoint such staff as deemed necessary to assist in the performance of the responsibilities outlined above.

Employee Reporting

1. All employees have the responsibility to comply with applicable laws and regulations and to report any acts of non-compliance.
2. Any employee who perceives or learns of an act of non-compliance should either speak to his/her supervisor, call the CCO, call the Compliance Hot Line at 740-574-9900. Supervisors are required to report these issues through established management channels and/or the CCO. Reports may be made anonymously, although giving a name and phone number generally makes investigating reports easier and more effective. All employees are encouraged to call the hot line if they have any question about whether their concern should be reported. A written record of every report received will be kept for a period of six (7) years. Every effort will be made to preserve the confidentiality of reports of non-compliance (although calls made anonymously will always preserve the autonomy of the caller). All employees must understand, however, that circumstances may arise in which it is necessary or appropriate to disclose information. In such cases, disclosures will only be made as necessary.
3. All employees are required to report acts of non-compliance. Any employee found to have known of such acts, but who failed to report them, will be subject to discipline.
4. No employee shall, in any way, retaliate against another employee for reporting an act of non-compliance. Acts of retaliation should also be reported to the hot line/lockbox and will be investigated by the CCO or his/her designee. Any confirmed act of retaliation shall result in discipline.

Investigation of Non-Compliance

1. The CCO 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.

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2. The CCO or their designee(s) have full authority to interview any employee and review any document (subject to state and federal laws on patient confidentiality) he/she deems necessary to complete the investigation.
3. A written record of each investigation will be created and maintained by the CCO. 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. (See Addendum 2-041.A Sample Compliance Report)
4. The CCO will report the results of each investigation considered significant to the Administrator/CEO. He/she will recommend a course of discipline and/or other corrective action. Sanctions for non-compliance may be imposed.

Corrective Action or Discipline (See HR Policy No. 1-037 "Progressive Discipline Policy")

1. Every confirmed act of non-compliance may result in corrective action or discipline. The sanction for a single act of non-compliance will be decided by the CCO. The Administrator/CEO 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 (See HR Policy No. 1-022 "Orientation," Policy No. 1-023 "Personnel Development," and Policy No. 1-019 "Standards of Conduct/Ethical Behavior")

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

Monitoring and Auditing

1. The CCO and Compliance Committee will conduct an annual risk assessment to identify possible risk areas that need to be addressed by the annual compliance plan. The OIG identified risk areas will be addressed. The CCO and Compliance Committee will determine the areas that need continued monitoring and will develop tools to monitor those areas/processes.
2. The CCO will be responsible for monitoring employees' 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 arrange as well for external auditing as deemed necessary.

3. If the CCO 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.
4. Annual audit and monitoring plans will be developed based on possible topics addressed in the annually published OIG work plan, CMS fraud alerts, previous audit findings and areas identified internally as needing improvement.
 - A. Audit topics may include, but are not limited to:
 1. Signed Bill of Rights
 2. Signed Physician orders
 3. Adherence to plan of care
 4. Home Health Aide supervision
 5. C0F0S0
 6. One-time nursing visit
 7. Therapy utilization
 8. Homebound status
 9. Face-to-face encounter visit made
 10. Therapy reassessments made at appropriate timeframes
 - B. Billing Accuracy
 1. 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 (CPT-4 codes, HCPCS, Revenue codes or Rate codes).
 - a. Billing Codes (CPT-4, HCPCS, Rate or Revenue Codes) used to bill will accurately describe the service performed and will be payer-specific.
 - b. The physician's order will not be altered in any manner (increasing or decreasing the number and/or types of services) without the written consent of the ordering physician.
 - c. Billing Code accuracy is reviewed at the initiation of a service.

- d. Intentionally or knowingly upcoding a service to maximize reimbursement is forbidden and will result in disciplinary action.

Approved Billing Practices

1. Community Choice Home Care, Inc. bills:
 - A. For medically necessary services
 - B. For services ordered and rendered
 - C. Medicare for patients that meet eligibility criteria
 - D. For services rendered that are supported by documentation in the patient's charts
 - E. For services provided by qualified and licensed clinical personnel
2. Community Choice Home Care, Inc. will utilize the following billing/accounting practices:
 - A. Identify and return overpayments promptly to the appropriate payor
 - B. Allow for posting of defined costs to the cost report
 - C. Work credit-balances in a timely fashion for all payers

Effectiveness of Compliance Program

1. The effectiveness of the Compliance Program will be evaluated annually and reported to the Governing Body, senior management and all employees. The following will be utilized to determine effectiveness:
 - A. Documentation that employees were adequately trained
 - B. Reports from the hotline, including nature and results of any investigation
 - C. Documentation of corrective action, including disciplinary action taken and policy improvements introduced
 - D. Modifications to the Compliance Program
 - E. Self-disclosures, if applicable
 - F. Results of the auditing and monitoring efforts

COMPLAINT/GRIEVANCE PROCESS**Policy No. 2-008.1****PURPOSE**

To set forth guidelines for the resolution of patient concerns, dissatisfaction, or complaints and to protect patient and family rights.

POLICY

Any difference of opinion, dispute, or controversy between a patient or family/caregiver or patient representative and Community Choice Home Care, Inc. concerning any aspect of services or the application of policies or procedures may be considered a grievance.

The Executive Director/Administrator will be informed of situations that may become detrimental to good patient relations, and will be committed to maintaining a consistently high level of patient relations. This grievance procedure will be included in the Patient Bill of Rights document given to each patient upon admission.

The organization will investigate complaints regarding treatment or care, mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of the organization. The organization shall be responsible for asking the necessary questions to determine cause of injuries.

PROCEDURE

1. The organization staff member receiving the complaint will discuss, verbally and in writing, the grievance with a supervisor within five (5) days of the alleged grievance. The supervisor will investigate the grievance within five (5) days after receipt of such grievance and will make every effort to resolve the grievance to the patient's satisfaction. Response to the patient regarding the complaint will occur within ten (10) days of receipt.
2. If the grievance cannot be resolved to the patient's satisfaction, the patient or his/her representative is to notify, verbally or in writing, the Executive Director/Administrator, Leslie Cunningham at 740-574-9900 at 7318 Ohio River Rd., Portsmouth. The grievance must state the problem or action alleged and the date the supervisor was notified. The Executive Director/Administrator or designee will then investigate the grievance and contact the patient or his/her representative regarding the grievance in an attempt to resolve the differences. The Executive Director/Administrator will respond to the patient within ten (10) days of notification of failure to resolve the complaint.
3. If the patient feels his/her grievance has not been resolved after working with Community Choice Home Care, Inc. personnel, he/she will be informed of his/her right to notify the state or ACHC via the respective toll-free telephone numbers.
4. Complaints and any action taken will be documented on a complaint form.
5. Corrective action will be specific and related to the complaint.

6. Resolution information will be communicated in writing to the patient or his/her representative filing the complaint.
7. Risk management personnel will be notified of any complaints which may involve litigation by the clinician/technician involved completing an organization incident report or unusual occurrence form and forwarding a copy to the Risk Management Department.
8. Complaints received on patient satisfaction surveys (mail) will be documented on a complaint form and addressed as outlined above.
9. All complaints from patients who believe their privacy rights have been violated will be forwarded for review to the designated organization personnel or office specified in the organization's Notice of Privacy Practices.
10. All complaints will be logged, tracked, trended, and filed in a secure office.
11. The Performance Improvement Coordinator/Quality Assurance Committee will prepare a quarterly report summarizing all complaints received that quarter.
12. Reports may include:
 - A. Number of complaints received
 - B. Type of complaints received
 - C. Action and resolution of complaints
13. The Performance Improvement Committee/Quality Assurance Committee will review patient grievance trends on a quarterly basis. Identified trends will be followed through the established performance improvement process.
14. All organization personnel (clinical and non-clinical) will be informed of this process during a formal orientation process.