

Choices Healthcare

## Corporate Compliance Plan

*‘Our Values in Action’*

2025

## **Choices Healthcare**

### **CORPORATE COMPLIANCE PLAN**

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January 2025

Dear Board of Directors,

I am pleased to present to you a summary of our Corporate Compliance Plan. “Our Values in Action” is a document that I believe truly embodies this organization’s deep commitment to quality, integrity and excellence in every aspect of operation and service. You will see in front of the official document a brief summary explaining the plan.

For over forty years, both Hospice & Community Care and Hospice of Central PA have dedicated ourselves to providing our community with high quality service and specialized end of life care. This community, in turn, has responded generously, steadfastly supporting and endorsing our efforts. We honor that public trust with a deep sense of responsibility and gratitude. We will continue to strive to dependably and consistently provide a hospice service that reflects in every way a foundation of personal and organizational accountability, responsibility, and integrity.

As you read through the pages that follow, please join me in reaffirming our strong commitment to always uphold our individual and collective responsibilities and to live daily in full accordance with the mission, vision, values, and pledge we embrace as a caregiving organization.

Sincerely yours,



Steven M. Knaub

President and Chief Executive Officer

## **Choices Healthcare**

### **CORPORATE COMPLIANCE PLAN**

#### **Mission Statement**

To provide personalized, compassionate care and support for the patients and families coping with serious illness through the end of life.

#### **Vision Statement**

To lead in providing superior specialized care that evolves to meet the unique needs of our diverse community.

#### **Guiding Principles**

**Commitment to Excellence:** We strive for exceptional performance in every aspect of our care delivery and operations.

**Compassion and Comfort:** We are committed to honoring patients' and families' wishes, providing comfort and ensuring compassion in every interaction.

**Service and Impact:** We are dedicated to making a meaningful difference in the lives of our patients, families, colleagues, and community.

**Diversity and Inclusion:** We celebrate and embrace the diversity within our staff, community, treating everyone with kindness, respect, and dignity.

**Integrity and Teamwork:** We uphold the highest standards of honesty and ethical behavior, while fostering teamwork and mutual respect.

## **Choices Healthcare**

### **CORPORATE COMPLIANCE PLAN**

#### **COMPLIANCE POLICY**

##### **I. PURPOSE**

To establish an ongoing monitoring system that assures the ethical and conscientious delivery of care, treatment and services and to promote the prevention, detection and resolution of conducts and practices that do not conform to federal and state law and organizational policy and procedure.

##### **II. POLICY STATEMENT**

No fraud, waste, or abuse is tolerated in conducting business or serving hospice and palliative care patients. Strict adherence is maintained to all federal and state laws that govern hospice operations and services and to organizational policies and procedures. Choices Healthcare requires all employees, volunteers, board members and those providing service on behalf of the organization to conduct themselves in full compliance with such laws, regulations, and business practices, and to know and understand their individual responsibilities related to any known activity or practices that violate applicable laws, regulations and business practices. Choices Healthcare works to prevent the possibility of fraudulent or abusive practices and responds to known or suspected activity immediately.

##### **III. PROCEDURE**

- A. A Director of Quality and Compliance, who serves as the organization's Compliance Officer is maintained on staff.
- B. The Compliance Committee serves as the committee that fulfills the reporting/discussion of compliance issues.
- C. The Leadership Team (President and Chief Executive Officer, Chief Operating Officer, Vice President Chief Development Officer, Vice President Patient Care, Vice President Chief Medical Officer, Senior Vice President Chief Financial Officer, Vice President Human Resources and Vice President Family Services) receives reports on compliance related activities on a regular basis, assists as requested in monitoring compliance activities and serves in an advisory capacity for complaints, investigations, and remedial actions.
- D. The Board of Directors, through the Leadership Team, receives periodic updates on compliance activities.
- E. Legal counsel, as designated and determined by the President and Chief Executive Officer, is retained to advise as necessary.
- F. Staff members receive and provide written acknowledgment of receipt of the organization's 'Corporate Compliance Plan' including 'Standards of Conduct'.
- G. Mechanisms are established and maintained to regularly audit and monitor the organization's clinical, financial, marketing, and personnel practices. Findings are regularly documented and reported through the Quality Assessment and Performance Improvement Committees.

H. Specific examples include but are not limited to:

1. Clinical
    - a. Admission documentation is reviewed at the time of admission to ensure compliance.
    - b. Team Leaders and Clinical Directors are provided regular reports with staff, team, department, and organization level data to ensure compliance with documentation to meet internal policies/procedures and regulatory compliance.
    - c. Competence Assessment visits are performed per our policy to ensure staff are meeting our mission, guiding principles and standard of conduct.
  2. Quality & Compliance
    - a. In addition to clinical quality reports, compliance reports are produced and reviewed.
    - b. Assess OIG exclusion list and PA disciplinary list monthly.
    - c. HIPAA walk thru every quarter at each location to ensure HIPAA compliance.
    - d. Analyze OIG, PEPPER and Hospice Care Index (HCI) reports to ensure compliance and to identify any issues that may require follow-up.
    - e. Management of Compliance Hotline as well as follow-up to service concerns and events.
  3. Financial
    - a. Report live discharges and compare to PEPPER report results.
    - b. Extensive monthly billing validations.
      - i. Automated software edits
      - ii. Manual edits
      - iii. End of month checklist
    - c. Billing dashboard.
  4. Human Resources
    - a. Staff and volunteer files are audited annually to ensure compliance.
- I. Staff members receive initial orientation and annual in-service information regarding expectations, standards, policies, and procedures. Initial training documentation is maintained in the employee personnel file with ongoing education and training documentation maintained in the Education Department.
- J. Policies and procedures are regularly reviewed at a minimum of yearly and revised as needed.
- K. Staff members are made aware in orientation then annually of organizational communication and reporting (including anonymous) mechanisms for reporting compliance concerns.
- L. Reporting, investigation, and corrective action activities are documented, monitored, and appropriately reported.
- M. Federally identified areas of risk and related findings are regularly monitored to assure organizational awareness of current issues and to assure the development of protective measures against any such activities.

## **Choices Healthcare**

### **CORPORATE COMPLIANCE PLAN**

#### **REFERENCE LIST: SUPPORTING DOCUMENTS**

(Located in, Home Hospice, Inpatient Centers, and Choices Healthcare Intranet)

#### **ORGANIZATION POLICY MANUAL**

Admission Policy & Criteria 4.1	Maximum Charge for Services 7.14
Anti-Harassment Policy 1.6	Mission Vision and Guiding Principles 1.1
Bereavement Policy 4.2	Monitoring Review & Response Policy 5.8
Billing and Collection 7.2	New Employee Orientation 6.19
Breach Notification 3.3	Nondiscrimination in Health Programs & Activities 1.12
Business Associate Agreements 5.1	Palliative Care Policy 4.9
By-Laws 1.4	Patient Bill of Rights & Responsibilities 3.12
Child Abuse History Clearance 6.7	Performance Evaluation Policy 6.21
Civil Rights Policy and Compliance 1.5	Personnel Policies and Practices 6.23
Computer Systems, Communications & Device Usage Policy 5.3	Physician Service and Medical Management Policy 4.10
Contracted Inpatient Service Policy 4.3	Professional Licenses 6.25
Contract Management 3.7	Quality Assessment, Performance Improvement & Patient Safety Policy 3.15
Conflicts of Interest 3.5	Patient Safety Events (Sentinel Event) 3.18
Credentialing/Re-credentialing Process 7.6	Records Retention and Destruction 3.17
Criminal History Background Check 6.8	Role of Directors 2.12
Ethics Committee 2.5	Service Concern/Complaint Policy 3.19
Evaluation Policy 3.10	Staff, Board and Volunteer Nondiscrimination Policy 1.7
Event Report 3.11	Quality Assessment & Performance Improvement Board Committee 2.11
Fiscal Evaluation (F3) 7.9	Standards of Conduct 1.8
Hospice Policy Development & Approval 1.11	Volunteer Services 4.16
Hospice Service Policy 4.6	Write-Off of Accounts Receivable 7.22
Identity Theft Detection/Prevention Program 3.13	Witnessing of Documents & Notary Services Policy 3.24
Information Access and Password Management Policy 5.5	
Information Systems Security Plan 5.6	
Internal Control Procedures 7.11	
Licensure, Certification & Accreditation 1.10	

#### **CLINICAL PROCEDURE MANUAL**

Advance Directives 8.1	Comprehensive Assessment 2.6
Clinical Competency 2.11	Nursing Service 2.18
Clinical Ethical Issues 13.1	Social Work 2.9
Confidentiality Code Policy 13.2	Spiritual Care 2.10
Discharge 9.8	

#### **OTHER**

Employment and Labor Laws	Personnel Policy Manual (Employee Handbook)
Health Information Management (HIM) Procedure Manual	

## Choices Healthcare

### CORPORATE COMPLIANCE PLAN

#### STANDARDS OF CONDUCT

*Workplace ethics are governed by Choices Healthcare's Mission and Values, which are based on the principles of responsibility, accountability, honesty and truthfulness, respect, autonomy, integrity, appropriate care, stewardship, and excellence in care, treatment and services.*

The following core values of conduct represent the central values of the organization and its commitment to assure integrity in every facet of operation. Choices Healthcare staff and volunteers are dedicated to carrying out the Hospice mission in a manner that reflects these core values.

**Patient and Family Centered Care:** Choices Healthcare staff and volunteers act to ensure that care, treatment and services are responsive to the needs of, and exceed the expectations of those we serve.

**Ethical Behavior and Consumer Rights:** Choices Healthcare staff and volunteers act to uphold high standards of ethical conduct and advocacy for the rights of patients and their families and caregivers.

**Clinical Excellence and Safety:** Choices Healthcare staff and volunteers act to ensure that the highest level of clinical excellence and patient safety is promoted through adherence to regulations, policies and procedures, and industry standards of practice.

**Inclusion and Access:** Choices Healthcare staff and volunteers promote inclusiveness in our community by acting to ensure that all people, regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age, disease, or other characteristics, have access to programs, care and services.

**Organizational Excellence:** Choices Healthcare staff and volunteers actively participate in building and maintaining a culture of quality and accountability that values collaboration, communication, respect, and assures ethical business practices to support and enhance the reputation of the organization.

**Workforce Excellence:** Choices Healthcare staff and volunteers act to foster a collaborative, interdisciplinary environment that promotes access to care, treatment and services, and assures individual accountability and workforce excellence through participation in professional development, training and support to one another.

**Compliance with Laws and Regulations:** Choices Healthcare staff and volunteers provide care, treatment and services in a manner that complies with applicable laws, governing regulations, organizational policy and procedure, and industry standards of practice, acting within systems and processes that prevent fraud and abuse.

**Stewardship and Accountability:** Choices Healthcare staff and volunteers act to ensure responsible and equitable use of resources.

**Performance Measurement:** Choices Healthcare staff and volunteers participate in quality assessment and performance improvement activities in all areas of care, treatment and services.



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### **CORPORATE COMPLIANCE PLAN**

#### **LEADERSHIP QUALITIES AND EXPECTATIONS OF MANAGERIAL STAFF**

- ◆ Professionalism in achievement, attitude and deportment
- ◆ Promotion of organizational goals and standards of conduct
- ◆ Recognition of differences between colleagues and peers and appropriate reserve in the promotion of collegial relationships
- ◆ Seeking support from Human Resources and peers, not supervised staff
- ◆ Demonstrating integrity, responsibility and accountability
- ◆ Fostering and requiring excellence; publicly commending and encouraging excellence, innovation and dedication
- ◆ Delegating in line with staff skill and ability as well as organizational need
- ◆ Being accessible and able to listen; offering appropriate perspective and encouraging constructive criticism
- ◆ Empathizing without commiserating or taking sides
- ◆ Providing staff assistance when needs exceed resources
- ◆ Modeling above and expecting the same from supervised staff

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#### **BOARD OF DIRECTORS ROLE**

##### **I. SUMMARY**

The Board of Directors stands in a fiduciary role for the organization. The role of a fiduciary includes the Duty of Care: to act in good faith, to show diligence and skill of the ordinary prudent person and to rely on reports from committees, management and experts; the Duty of Loyalty: to give undivided allegiance, to keep non-public information confidential and to refrain from using position or information for personal gain; the Duty of Obedience: to further the mission, to follow the Articles and By-laws and to act in a manner consistent with goals, laws and regulations.

##### **II. EXPECTATIONS**

- A. Understand and promote the hospice and palliative care philosophy, serve as an active advocate for Choices Healthcare, support the organization with a financial contribution each year, and support fund development activity as a solicitor if requested.
- B. Provide knowledge and skill in at least one of the following areas: finance, fund development, ethics, strategic planning, investment management or quality improvement.
- C. Attend board meetings, serve actively on at least one board committee, and attend at least one public Hospice function each year.

##### **III. RESPONSIBILITIES**

- A. Determine and uphold the mission of the organization and assure it is clearly articulated and that a plan is in place to achieve it.
- B. Appoint the President and CEO, support and evaluate these individuals, and affirm that an effective organizational structure is in place appropriate to the scope of the organization's activity.
- C. Provide appropriate oversight to the Officers of the organization and its actions in pursuit of the mission.
- D. Ensure that the organization operates within an adequate financial base and ensures the integrity of its financial operations with a focus on its long-term viability.
- E. Assure compliance with applicable law and regulation.
- F. Confirm that an adequate program to assess quality and performance improvement and mitigate risk to the organization is in place and is regularly monitored.
- G. Ensure effective organizational planning, monitor operations, and assess the Board's own performance.
- H. Offer input and approve the strategic plan.

- I. Appropriately represent the organization to constituencies throughout service area.
- J. Perpetuate the Board with individuals possessing the mix of talent and skills needed to assure the mission will be achieved and the organization will be viable long term.
- K. Setting policies and procedures of the organization as directly related to committee activities and as required per regulations.

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#### **EDUCATION AND TRAINING**

Choices Healthcare is committed to communicating its compliance standards and related policies and procedures to all employees at the time of employment and, at a minimum, annually thereafter. Educational activities focus on potential risk areas and necessary measures for maintaining compliance. Attendance and participation in these educational programs are mandatory and failure to comply will result in disciplinary action. Adherence to compliance standards is a factor considered in the annual evaluation of each employee.

Education and training activities are coordinated, documented and maintained by the Education Department.

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#### **FRAUD AND ABUSE PREVENTION**

The Quality and Compliance Department routinely reviews fraud alerts issued by the Health and Human Services Office of the Inspector General.

If the alert involves practices in current operation, corrective action is taken immediately.

If the alert does not involve practices in current operation, reasonable steps will be taken to prevent such conduct from occurring.

Routinely, alerts and advisories issue from the industry and accrediting bodies are also reviewed to ensure operations meet standards of practice.

## Choices Healthcare

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#### COMPLIANCE CONCERNS/COMPLAINTS REPORTING

Choices Healthcare takes the issues of fraud, waste, and abuse very seriously. As our employee, we **REQUIRE** you to immediately report any known or suspected activities or practices you believe to be against the law or inconsistent with regulatory requirements.

Such activities or practices may include, but are not limited to:

- Making improper payments or providing anything of value to current or prospective customers, suppliers, contractors (including physicians, hospitals, and nursing homes) or third party payors in return for, or to induce, payments or the referral of business from such entities or individuals.
- Any billing practice that is not correct, fair, and true, and in compliance with applicable laws, regulations, and policies.
- Any unlawful activities or practices related to referrals, admissions, re-certifications, or discharges.

Should you have concerns regarding activities or possible improper conduct, you may advise us by one of the following means:

- Direct contact with Melissa Ross, RN, Director of Quality and Compliance, 717-943-1053 or voice mail #4117.
- Compliance hotline 717-391-2446. This line is available solely for reporting purposes twenty-four hours a day and is monitored by designated staff on a regular basis. If you leave your name, you will be contacted promptly in follow-up to your call.
- Hospice Compliance Network monitored by 3<sup>rd</sup> party. Reporting is done via telephone (888-765-7408), email ([hotline@hospicecompliance.com](mailto:hotline@hospicecompliance.com)), or written letter (Compliance Hotline, c/o Weatherbee Resources, PO Box 358, Headland, AL 36345). Reporting may be done anonymously, and a report of the call/communication is provided to Choices Healthcare for follow-up.
- Should you wish to direct your concern to us anonymously, you may do so by forwarding a typewritten message to the Director of Quality and Compliance, Vice President of Human Resources, President and Chief Executive Officer, and Chief Operating Officer.

Your concern will be immediately reviewed and investigated and, where indicated, acted upon.

If you elect to identify yourself, we will protect your confidentiality to the extent permitted by law.

To every extent possible, reported concerns or complaints must be legitimate and true in facts as to the actual incidents. Employees will not be retaliated against or disciplined solely for reporting in good faith known, factual incidents, or suspected concerns. However, submitted reports of incidents or concerns that are false or are made for reasons of personal animosity or gain will result in disciplinary action.

The Director of Quality and Compliance maintains a record of all reports received and the nature and results of any investigation and Choices Healthcare will assure that all records and reports related to the organization's Compliance Plan are maintained in a secure and confidential manner.

## **Choices Healthcare**

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#### **REPORTS AND RESPONSE**

The Leadership Team (President and Chief Executive Officer, Chief Operating Officer, Vice President Chief Development Officer, Vice President Patient Care, Vice President Chief Medical Officer, Senior Vice President Chief Financial Officer, Vice President Human Resources, and Vice President Family Services) reviews all compliance related activities and investigative reports on a regular basis unless immediate action is required, at which time an emergency meeting is called.

The Director of Quality and Compliance advises the Leadership Team of areas of non-compliance identified during routine monitoring and, in collaboration with designated staff, initiates corrective action when indicated. Such action may consist of follow up with individual staff members, education and reinforcement of established practices and revision of current procedures. Summaries of those reports and related corrective actions are also communicated to the Quality Assessment Performance Improvement Committees.

In cases where misconduct has been confirmed, immediate action is taken and a plan for corrective action made. In certain cases the organization may engage outside auditors or counsel. The corrective action plan will depend on the nature and the extent of the activity and will be proportional to the misconduct.

Staffs who engage in illegal or improper activities are subject to disciplinary action. The circumstance of the misconduct determines what action will be taken (Refer to the “Management Guide”).

A voluntary report is made to the State Department of Licensing and Certification and the Health and Human Services Office of the Inspector General when there is credible evidence of misconduct and after investigation establishes reasonable grounds to believe that the conduct violates criminal law, rules or regulations governing federally funded health care programs.

The report will occur within sixty (60) days of receipt of credible evidence of misconduct. The report includes a description of the misconduct, its effect on the operation of the organization, and all corrective actions taken. Staff is expected to cooperate fully with state and federal investigators.

If necessary, any and all restitution will be made.

#### **REFERENCES**

“Compliance Program, Guidance for Hospices”, Office of Inspector General, 1999, <https://oig.hhs.gov/authorities/docs/hospicx.pdf>

“NHPCO’s Standards of Practice”, National Hospice and Palliative Care Organization, 2022