



Compliance Plan - 2022

Reviewed and Revised: 11/29/2021

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Careline Family and Partners:

We often say and feel how honored we are to care for our patients, support their families and collaborate with our partners. None of this is possible if we do not uphold an absolute truth: **We must do the right thing, always.** The Senior Management team has spent hours developing this Compliance Plan to put this simple truth into everyday action. Please join me in making compliance a routine part of our culture.

I am personally committed to compliance in everything we do. While we will innovate, raise quality benchmarks, expand our horizon and passionately advocate for our patients, we must **never** break the rules to do so. Every person that joins our family is a professional and is expected to uphold the first and most important pillar of our Foundation: Compliance.

Our Compliance Plan is based on the guidance and best practices from our governing entities and the practical experience of our team. It is everyone's responsibility to know our Compliance Plan and act in good faith. If you ever have any doubts about what you are doing or being asked to do, please ask questions and, if necessary, ask to see the rule or guide yourself. Neither I, personally nor our team, will tolerate retribution of any kind for asking questions, reporting actual or suspected violations.

It took a lot of work to make our Compliance Plan simple. Simple compliance is effective compliance. Effective compliance is a competitive advantage. Trust that your Senior Management team knows the rules and will act decisively and with accountability to enforce them.

Expect Exceptional,

A handwritten signature in black ink that reads "Joseph D. Mead".

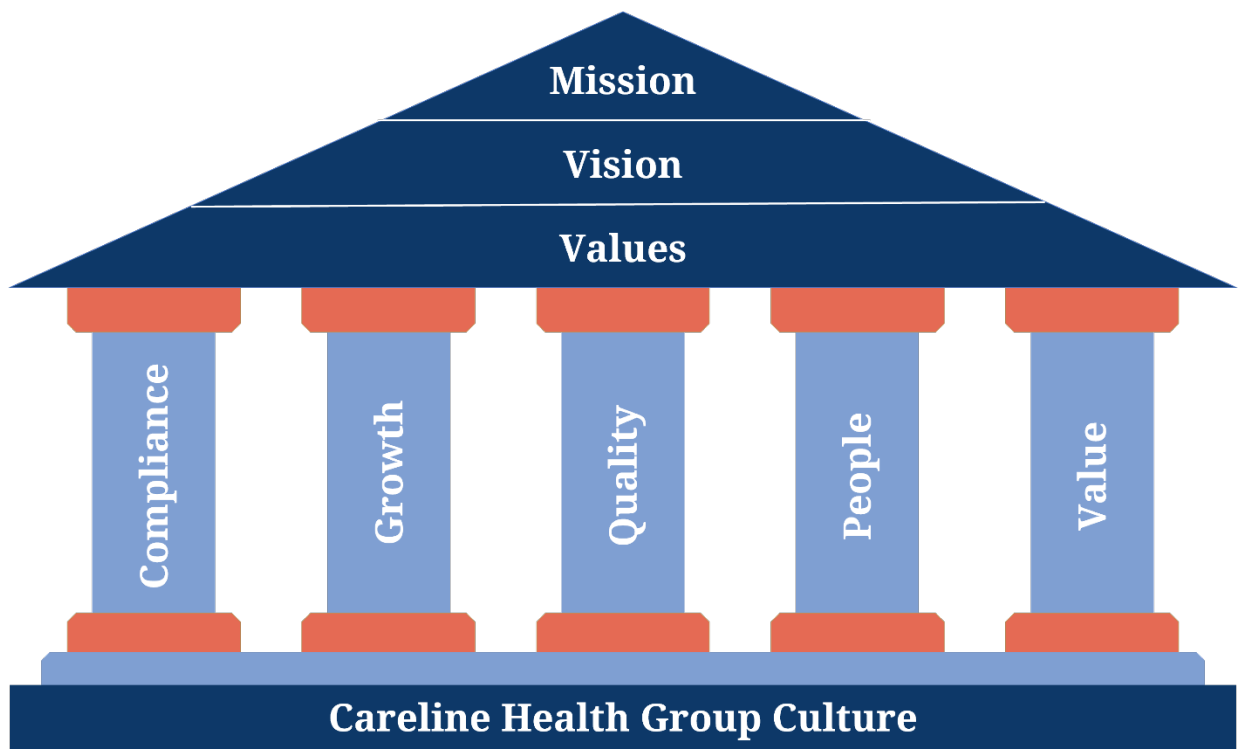
Joseph D. Mead, JD, MBA Chief
Executive Officer/ Owner
Careline Health Group



Careline Health Group Culture

Our PILLARS

The Pillars of Careline Health Group support who we are, and everything we do, while focusing initiatives where they matter. These pillars are built on our foundation, which is our encompassing culture and upholds our roof to form the major categories of our Strategic Plan to “**Expect Exceptional.**”





Careline Health Group Pillars

Compliance:

Do What's Right, Always

We pride ourselves on having a strong moral compass.

Growth:

Advanced Care Solutions

We utilize proven innovative solutions and technology to provide honest and empathetic care.

Quality:

Exceed the Benchmark

Our goal is to consistently raise the standard of care by exceeding our stakeholder's expectations.

People:

The Careline Family

Supporting our employee's engagement and purpose forms our patient first DNA.

Value:

Stewardship

By being trustworthy stewards, we preserve the healthcare ecosystem.



Our VISION

Provide and coordinate the highest quality patient care to those affected by life-limiting illness through the development of our team and investments in technology.



People: Attract, develop and keep teams of hard workers with a passion for service

Partners: Utilize best-in-class providers for services required; be a best-in-class provider to our partners.

Leadership: Earn a reputation for innovation and excellence.

Efficiency: Provider value by investing in technology to drive quality and eliminate waste.

Performance: Enable investment in people and technology through compliance, growth, and profit.



Our VALUES

At Careline Health Group, we SERVE!



Service - Our desire to listen, educate and respond to patients, families and partners in care.

Engagement - Our team knows that what we do matters; we make a difference.

Reputation - Our consistency meeting regulations while focusing on the needs of patients and partners.

Value - Our ability to produce measurable benefits.

Excellence - Our experience and good judgment drive quality and satisfaction.



Our MISSION

Careline Health Group is honored to serve our patients utilizing two unique divisions of care. They are the Physician Services and Hospice. Both have qualified and caring individuals devoted to providing the care needed.

Our Careline Mission

To serve together, provide value and deliver Exceptional care.



Introduction to Compliance

A compliance plan is a formal statement of a healthcare practice's intention to conduct itself ethically in regard to business operations, government regulations, patient services and care, and beneficiary regards. The purpose of a formal compliance plan is twofold:

It provides a platform for the practice's compliance program and accomplishing the succeeding goals, and (2) it encourages employees to report unethical and unlawful conduct. Careline Health Group has based our program on the Office of the Inspector General's (OIG) program guidance.

Objectives

The objectives of this guideline are to:

- Explain why compliance plans are important for healthcare practices
- Review federal fraud and abuse laws
- Describe the seven essential elements of an effective compliance plan
- Describe how an employee can enhance ethical and lawful conduct





Background

Since 1976, the Department of Health and Human Service' Office of Inspector General (HHA-OIG) has been working to prevent fraud, waste, and abuse in federally funded healthcare programs, such as Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). HHS-OIG's primary function is to protect the integrity of HHS programs as well as the health and welfare of program beneficiaries.

HHS-OIG has published voluntary compliance program guidance for individual and small group healthcare practices for a number of years. In the 1990's, HHS-OIG began providing voluntary compliance tools and resources to help healthcare providers avoid submitting erroneous claims and engaging in unlawful conduct involving federal healthcare programs.

However, because HHS-OIG's guidance was voluntary, not all healthcare providers and organizations felt compelled to develop compliance programs.

With the implementation of the Patient Protection and Affordable Care Act (ACA) in 2010, compliance programs became mandatory. Section 6401 of the ACA stipulates that healthcare providers must establish compliance programs as a condition of enrollment in Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).





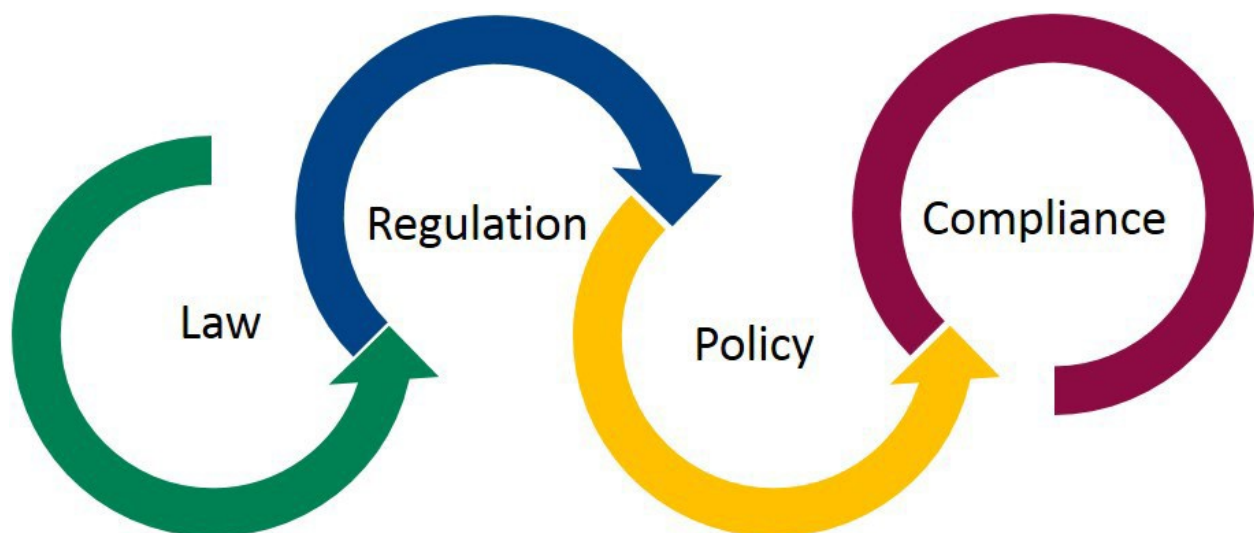
The Importance of a Compliance Plan

Having a compliance plan is important for many reasons other than the obvious – it is required by law. An effective compliance plan is crucial for preventing fraudulent claims and erroneous billing, preparing for potential audits and avoiding ethical conflicts in business operations and patient care services.

Additionally, if noncompliance with the law results in a HHS-OIG complaint and investigation, the consequences can be significant. Merely not understanding the law or failing to provide compliance training for staff usually is not a sufficient excuse for violations.

The range of possible penalties that the government can impose for submitting fraudulent or erroneous claims or violating state or federal fraud and abuse laws include completion of a corporate integrity agreement; exclusion from Medicare, Medicaid, and CHIP programs; civil and criminal penalties; and/or a referral to the provider's state medical board.

By implementing and adhering to the requisite compliance plan, healthcare providers and practices will generally meet their legal obligations and send a clear message to staff and the public that the practice is committed to conducting itself in an ethical manner, promoting good employee conduct, and providing quality patient care.





Fraud and Abuse Laws

All healthcare administrators and practicing healthcare providers should have a basic understanding of state and federal abuse laws. The government agencies responsible for enforcing these laws are the U.S. Department of Justice, HHS-OIG, and the Centers of Medicare & Medicaid (CMS).

Office of Inspector General (OIG) has Fraud and Abuse Laws to protect Federally funded healthcare programs such as:

- The Anti-Kickback Statute
- The Physician Self-Referral Law (Stark Law)
- The False Claims Act
- The Exclusion Authorities
- The Civil Monetary Penalties Law

The section herein will give a brief description of these laws affecting healthcare providers and vendors.

Anti-Kickback Statute

The Anti-Kickback Statute prohibits the knowing and willful offering, paying, soliciting, or receiving of anything of value (“kickbacks”) to induce or reward patient referrals or the generation of business involving any item or service payable by federal healthcare programs. This statute has safe harbor provisions that protect certain business arrangements; however, very specific requirements must first be met for those provisions to apply.

Violations of the Anti-Kickback Statute can result in administrative sanctions, fines, jail terms, and exclusion from participation in federal healthcare programs.

The HHS-OIG warns that healthcare providers are an attractive target for kickback schemes because they are a potential source of referrals for other healthcare providers, pharmaceutical organizations, and medical supply companies.



The Physician-Referral Law (Stark Law)

The Stark Law prohibits healthcare providers from referring Medicare and Medicaid patients for certain designated health services to an entity with which the healthcare provider or an immediate family member has a financial relationship unless an exception applies under the law*. A financial relationship may include any form of ownership interest, an investment interest, or some other form of compensation arrangement.

The Stark Law also prohibits the entity providing the designated health services from submitting claims to Medicare or Medicaid for services that involved a prohibited referral.

*Disclaimer: The Stark Law does not apply to providers for Hospice Services.

The False Claims Act

The Civil False Claims Act prohibits the submission of claims for payment to Medicare or Medicaid that the healthcare provider knows or should have known to be false or fraudulent.

Examples of False Claims Act include:

Billing for services not rendered or products not delivered, misrepresenting services rendered by upcoding or inappropriate coding and by misrepresenting the nature of the patient's condition, duplicate billing, Falsifying records to meet or continue to meet the conditions of participation; this includes the alteration of dates, the forging of physicians' signatures, and the adding of additional information after the fact.

Violations under the federal False Claims Act can result in significant fines and penalties. Financial penalties to the person or organization may be up to three times the actual false claim amount, plus an additional penalty of \$5,500.00 to \$11,000.00 per claim.

Violation of the Michigan Medicaid False Claims Act (MMFCA) constitutes a felony punishable by imprisonment, or a fine of \$50,000 or less, or both, for each violation.



Whistleblower Protection Under the False Claims Act

The federal False Claims Act protects employees who report a violation under the False Claims Act from discrimination, harassment, suspension or termination of employment as a result of reporting possible fraud.

The Exclusion Authorities Law

Under the Exclusion Statute, HHS-OIG must exclude individuals or entities from participation in all federal healthcare programs when certain offenses are committed. Examples of criminal offenses that will result in exclusion include:

Medicare or Medicaid fraud, patient abuse or neglect, felony convictions for other healthcare-related fraud, theft, or other financial misconduct, or felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

The HHS-OIG also has discretionary exclusion authority for certain offenses such as:

Misdemeanor convictions for unlawful distribution, prescription, or dispensing of controlled substances, suspension, revocation, or surrender of a license for reason bearing on professional competence, professional performance, or financial integrity, Provision of unnecessary or substandard services, submissions of false or fraudulent claims, engaging in unlawful kickback arrangements, and defaulting on health education loans or scholarships.

The Civil Monetary Penalties Law

The Civil Monetary Penalties Law allows HHS-OIG to seek civil monetary penalties and/or exclusion for many offenses. In 2017 an adjustment went into effect allowing for increases in civil monetary penalty ranges due to annual inflation. Penalties can range from several hundred to multimillion dollars based on the violation(s) cited.



The Seven Fundamental Elements of an Effective Compliance Plan

HHS-OIG has declared the seven fundamental elements of an effective compliance program. These elements are meant to guide healthcare providers and organizations in the process of developing well-defined plans and strategies for their own compliance programs. The seven fundamental elements are:

- 1. Implementing written policies, procedures and standards of conduct*
- 2. Designating a Compliance Officer (CO) and Compliance Committee (CC) to provide program oversight*
- 3. Conducting effective training and education*
- 4. Developing effective lines of communication*
- 5. Conducting internal monitoring and auditing*
- 6. Enforcing standards through well-publicized disciplinary guidelines*
- 7. Responding promptly to detected offenses and undertaking corrective action*

Each of the elements will be discussed in greater detail in subsequent pages. Careline Health Group agrees with the HHS-OIG recommendations, endorses them and adapts them to the scope of practice.



ELEMENT ONE: Implementing Written Policies, Procedures and Standards of Conduct

HHS-OIG recommends an effective compliance program is dependent on written policies, procedures, and standards of conduct. These documents memorialize the healthcare practice's expectations with regard to compliance. Further, they explain the practice's commitment to legal standards, ethical conduct, and quality care. It is our DNR to providing exceptional care to those affected with terminal illness.

Each healthcare practice's compliance policies should include a code of conduct that defines the organizational mission, values, expectations, and guiding principles for workplace behavior. A code of conduct identifies model behavior for employees and explains how to report suspected instances of compliance violations or unethical activity.

Careline Health Group has adopted these recommendations with the following policies which you will find within. These policies are presented upon hire and annually.

- Standards of Conduct Acknowledgement
- Disclosure of Interests & Conflicts
- Confidentiality Agreement



ELEMENT TWO: Designating A Compliance Officer and Compliance Committee to Provide Program Oversight

Each healthcare practice should designate two key roles – Compliance Officer (CO) and Compliance Committee (CC) and assign duties to the respective roles. The CO should report directly to the CEO or senior management and should have primary responsibility for the compliance program structure and administration.

The CO should be very familiar with the practice’s operational and compliance activities. The CO’s daily duties may include:

- Understanding and administering the compliance program
- Being informed about the outcomes of audits and monitoring
- Reporting on compliance enforcement activities
- Assessing / reviewing the compliance program

The CC is a multidisciplinary committee that reports directly to the CEO or other high-ranking person or people in the organization. The CO and CC are jointly responsible for certain duties related to administering the compliance program. These responsibilities include:

- Developing, reviewing, and updating compliance policies and procedures
- Developing and auditing the work plan and risk assessment plan
- Attending meetings for operations staff
- Monitoring and auditing compliance performance
- Enforcing compliance program requirements at all levels of the organization
- Recommending policy, procedure, and process improvements
- Enforcing disciplinary standards



ELEMENT THREE: Conducting Effective Training and Education

The third core element of an effective compliance program is training and education to ensure adequate understanding of the expectations set forth in the compliance plan and code of conduct.

Compliance training is mandatory for all employees. The initial training should be a comprehensive review of the compliance plan and code of conduct. Thereafter, an annual review training occurs with highlights of changes or new developments, with emphasis on the practice's code of conduct.

ELEMENT FOUR: Developing Effective Lines of Communication

The fourth element also includes effective lines of communication, which involves making communication about compliance issues an integral part of the practice and having an "open-door" policy throughout the organization. Open lines of communication are important to the successful implementation of a compliance program and the reduction of any potential for fraud, abuse, and waste.

Employees have several ways to report a compliance issue and remain anonymous as desired:

- Email to: compliance@carelinehealthgroup.com
- Telephone: (877) 665-7330
- With your Supervisor

Non - Retaliation

Reporting a compliance issue or seeking answers will be private and anonymous. No employee shall, in any way, retaliate against another employee for reporting an act of non-compliance.

Acts of Retaliation should also be reported and will be investigated by the Compliance Officer. Any confirmed act of retaliation shall result in disciplinary action. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

Careline Health Group has adapted a Compliance Officer and Compliance Committee. Each person is dedicated to protecting the patient and the employee bringing forth a potential breach. Anonymity is of utmost importance to each of us.

SEE SOMETHING – SAY SOMETHING!



ELEMENT FIVE: Conducting Internal Monitoring and Auditing

The fifth element of an effective compliance program is creating a system for monitoring and auditing the effectiveness of the program. This system will help providers comply with CMS requirements and identify compliance risks.

Monitoring may include reviewing procedures to gauge whether they are working as intended and following up on recommendations and corrective action plans to ensure they have been implemented. Monitoring should occur on a regular basis and on-going.

Auditing is a comprehensive review and requires more effort than monitoring. Auditing ensures compliance with statutory and CMS requirements and includes routine evaluations of the compliance program to determine the program's overall effectiveness. The audit should result in a written report of findings and recommendations.

Careline Health Group has adapted this element by quarterly chart audits, billing audits, QA of documentation during the orientation process and random QA of documentation to list a few.

ELEMENT SIX: Enforcing Standards Through Well-Publicized Disciplinary Guidelines

The sixth element of an effective compliance program is to ensure consistent and timely discipline when an investigation confirms a violation. Disciplinary guidelines must be clearly written and describe expectations and consequences for noncompliance.

Guidelines include sanctions for failure to comply with the code of conduct, failure to detect non-compliance when routine observation or due diligence would have provided notice, and failure to report actual or suspected non-compliance.

Careline Health Group has a set process following the HHS-OIG standards in place for any suspected violations and is reported to the CEO and the board.



ELEMENT SEVEN: Responding Promptly to Detect Offenses and Undertaking Corrective Action

The final element of an effective compliance program is the use of corrective actions when vulnerabilities, noncompliance, or potential violations are identified. Examples of corrective action include staff education, repayment of overpayments, and disciplinary action against responsible employees.

Sanctions vary depending on the degree/level of infraction with disciplinary action from oral notice to written notice upward to termination.

Careline Health Group has policies in place depending on the violation to the corrective action to be taken.

STANDARDS OF CONDUCT ACKNOWLEDGEMENT

I have received, read, understand, and will abide by the Standards of Conduct for Careline Health Group and affiliates or managed practices. I have received training on the Standards of Conduct and the organization's Compliance Plan in generate as they affect my role with Careline Health Group. I understand progressive disciplinary action policies with regard to individuals who violate laws, regulations, standards, and operating policies.

I understand that:

- I have an obligation to report actual or suspected misconduct that may violate the Standards of Conduct or the Compliance Plan.
- I am obligated to report suspected violations of law, regulations, and standards that I may be aware of or observe.
- I should notify my supervisor or the Director of Compliance of any concerns.
- I may use the hotline reporting system to remain anonymous when filing a report.
- Careline Health Group will strive to maintain confidentiality of my identity in all cases, but that Careline Health Group cannot guarantee such confidentiality in all instances.
- Careline Health Group maintains a strict policy of non-retaliation against those who report misconduct.
- If I am named to any list of individuals excluded from participation in federal or state reimbursement programs, my employment will be terminated.

Printed Name: _____

Signature: _____ Date: _____

Disclosure of Interests and Conflicts

Pursuant to the purposes and intent of the policy adopted by Careline Health Group and affiliates or managed practices requiring the disclosure of certain interests and conflicts, I hereby state that I have access to a copy of the policy and understand that my responsibilities to the Organization require that I disclose any duality of interest or possible conflict of interest, for myself and any member of my immediate family, that I will not vote or use influence on any matter in which I have a conflict or duality of interest.

I hereby disclose the following interests and activities or possible conflicts:

Name: _____
Position: _____
Signature: _____ Date: _____

CONFIDENTIALITY AGREEMENT

PATIENT CONFIDENTIALITY

Pursuant to the HIPAA Privacy Final Rule preamble, Federal Register, December 28, 2000, I acknowledge that the confidentiality of all patient information is of the utmost importance. I agree that any patient information, to which I may have access, will remain held by me in the strictest of confidence and will not be discussed, released or in any way communicated by me to anyone who is not an employee of Careline Health Group and affiliates or managed practices (herein "Careline") as well as who is authorized to have access to the information. I understand that failure to honor this agreement will result in Careline pursuing appropriate legal action in order to preserve the rights of its patients to confidentiality of their medical records and personal information.

CONFIDENTIALITY STATEMENT

Employee shall not, during the term of this agreement, directly or indirectly, (a) attempt to induce any employee of Careline to render services for any other employer; or (b) use or furnish to anyone (*except as required in the ordinary course of performing duties*) any confidential and proprietary information or trade secrets relating to Careline's business, including information relating to services or contracts involved in such business, or the delivery, methods, or protocols of doing business, distribution of any services or products of Careline, or the personnel of Careline or their compensation or employee arrangements, or the identify of, or services or products purchase by, or prices or charges paid by, customers or clients of Careline. Records prepared by Employee or that come into Employee's possession (*including any medium for electronic storage of information*) during employment tenure are to and will remain the property of the entity, and when tenure terminates, such records or any company material and copies or summaries must be left with the entity. In the event of discharge or voluntary resignation, I will not divulge confidential information of Careline or use such information to my personal advantage or to the advantage of any other person(s), for a period of three (3) years after the date of discharge or resignation. If Employee violates this paragraph, the entity that employs Employee shall be entitled to injunctive relief in addition to any other remedy provided by law.

PROPRIETARY INFORMATION

Any proprietary information or protocols of doing business, whether patentable or copyrightable or not, resulting from any work which Employee does (*alone or with other*) shall be promptly disclosed to the entity employing the Employee and shall be the exclusive property of the entity employing the Employee. Employee assigns to Careline any rights the entities may have or may acquire in such property and agrees to sign and deliver at any time any instruments confirming the exclusive ownership by Careline.

Last Name: _____
First Name: _____ Middle Initial: _____
Signature: _____ Date: _____



Your ROLE and RESPONSIBILITY

It is the Job of Everyone and your duty to report a compliance issue. This protects YOU, EACH OTHER, OUR COMPANY, and OUR PATIENTS! Our survival as an organization depends on ensuring Compliance every day, no matter how big or small the issue is.

Careline health Group's Compliance Program continuously monitors compliance across all aspects of the company. Compliance education encourages all employees to maintain a continuous vigilance for potential risks.

All of Careline Health Group's Governing Board members, officers, managers, employees, clinicians, contractors, and other agents are required to comply with our Standards of Conduct and Policies & Procedures. All must also comply with our Standards of Conduct and Policies and Procedures. All must also comply with applicable laws and regulations, including federal and state health care program requirements. Contractors and vendors are encouraged to have their own compliance programs and are also expected to comply with Careline Health Group's Standards of Conduct.

Team Members are a critical part of the compliance program. It is the responsibility of all of us to report suspected violations or potential risks.

- All Reports to Compliance are kept confidential and without retaliation
- Failure to report suspected or actual violation may result in disciplinary action up to and including termination
- Employees are encouraged to seek clarification from the Compliance Officer in the event of any confusion or questions regarding policy, practice, or procedure.

Non-Retaliation

Reporting a compliance issue or seeking answers will be private and anonymous. **No employee shall, in any way, retaliate against another employee for reporting an act of non-compliance.**

Any Acts of Retaliation should also be reported and will be investigated by the Compliance Officer. Any confirmed act of retaliation shall result in disciplinary action. An employee who retaliates against someone who has reported a violation or suspected violations in good faith is subject to discipline up to and including termination of employment.



Careline Health Group Corporate Compliance Officer

Contact Compliance Officer, Catherine Bliss, LPN at
(877) 665-7330

You may also send correspondence by mail or email to:
Careline Health Group
Attn: Catherine Bliss
103 S. Jackson St.
Suite 200
Jackson, MI 49201
compliance@carelinehealthgroup.com



Careline Health Group's Compliance Program embodies our organization's commitment to carrying out its business activities honestly and ethically and in compliance with all applicable Federal, State, and Local laws, rules, and regulations.

To obtain guidance on a compliance issue, or to report any concerns of unethical activity or a suspected violation of the compliance program, contact your supervisor or the compliance officer in a timely manner.

For anonymous reporting: email to compliance@carelinehealthgroup.com

Please note that intimidation, retribution, or retaliatory action taken against anyone who reports a suspected violation in good faith is strictly prohibited.

Any individual who deliberately makes a false accusation with the purpose of harming or retaliating against another individual will be subject to appropriate disciplinary action.



A Message from your Compliance Officer:

Hello family at Careline Health Group. I want to introduce myself and provide a short message about our compliance plan; as your compliance officer, I am here to help keep you, patients, and Careline Health Group safe.

My duties include making sure the business is following outside regulatory requirements for its financial and organizational activities along with internal company policies. Being a part of a family makes you important to me, other family members, and our patients. As your Compliance Officer and family member, I care about you and our Compliance Commitment.

Our Compliance Commitment includes you. Anytime you hear or see a breach of compliance or think you do, please contact me. I want to hear from you. Nothing is too big or too small if it is on your mind; it matters.

We need your help to detect issues that may need attention. All suspected violations or conversations are kept anonymous, there will be no retaliation for bringing issues forward. We are here as a family to support you.

Remember, we trust in you and believe in you. If you see something; say something.

Expect Exceptional,

A handwritten signature in black ink that reads "Catherine Bliss".

Catherine Bliss
Compliance Officer
Careline Health Group