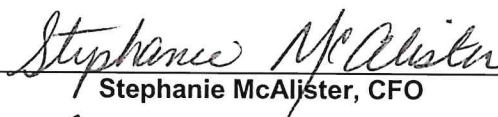


TIPPAH COUNTY HOSPITAL COMPLIANCE PLAN

The following Compliance Plan has been completely reviewed and/or revised as of May 31, 2019 by the following members of the Compliance Committee:



Dr. Patrick Chapman, CEO



Stephanie McAlister, CFO



Anna Johnson, BSN, RN, NH Administrator



Carol Anne Hurt, BSN, RN, CNO



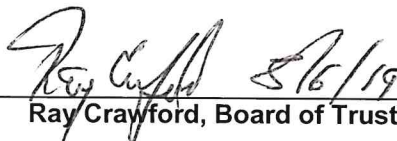
Brad Needham, IT Director, CIO



Dan Shappley, RN, Emergency Services
Director



Tabitha Clifton, BSN, RN, Compliance Officer



Ray Crawford, Board of Trustees Chairman

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Mission Statement:

To continually serve our patients and community with quality and cost-efficient healthcare services.

Vision:

To be the choice for healthcare in Tippah County and the surrounding communities.

Values:

- Quality – Continuous, on-going quality improvement ensures that we are always delivering the best quality care to our patients.
- Compassion – Compassion for our patients and their family and friends is essential for a rewarding healthcare experience for our patients, families, providers, and staff.
- Ownership – It is our duty to ourselves, our patients, our communities, and our coworkers to always take ownership, accept responsibility, and be accountable.
- Patient-Centered – Our patients are the center of everything that we do at Tippah County Hospital.
- Cost-efficient – Preventing waste and being a steward for our healthcare services is a priority.

Beliefs:

- You make the difference.
- Teamwork works.
- Everyone deserves respect and fairness.
- Community stewardship is vital to our success.
- There is value in differences.
- Friendly, compassionate and responsive service to the patient's needs is critical.

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I: Introduction:

Tippah County Hospital (TCH) has a strong and abiding commitment to ensure that its health service affairs are conducted in accordance with applicable laws relating to all professional practices, third party reimbursement, and contractual and legal obligations. TCH's compliance efforts are designed to establish a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to:

- Federal and state law
- Federal, state and private payor health care program requirements
- TCH's ethical and business policies

Compliance in these areas is challenging because the statutory and regulatory requirements governing such practice and reimbursement issues are complex and changing.

TCH is adopting this Compliance Plan and implementing a Compliance Program to develop effective internal controls that promote adherence to applicable federal and state law, and the program requirements of federal, state, and private health plans. The adoption of this Compliance Plan and the implementation of the Compliance Program significantly advance the prevention of fraud, abuse, and waste, while at the same time furthering the fundamental mission of TCH. This Compliance Plan and the Compliance Program is defined to include all TCH students, employees, physicians, staff and volunteers. The Compliance Program has the following key features:

1. Written Policies, Procedures, & Standards of Conduct
2. Compliance Program Administration
3. Training & Education
4. Open Lines of Communication
5. Enforcement through well-publicized disciplinary guidelines
6. Auditing & Monitoring
7. Corrective Action Plans

The Compliance Program described in this document establishes a framework for statutory and billing compliance by TCH. It is not intended to set forth all of the substantive programs and practices of TCH that are designed to achieve compliance.

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II. Written Policies, Procedures, & Standards of Conduct

Tippah County Hospital maintains written policies, procedures, code of conduct, and standards of behavior, which make up the foundations of the Compliance Program. Patient Care Policies are reviewed and/or revised at least annually. All other policies are revised annually if not stated otherwise within the policy. The Quality Committee acts as the Policy & Procedure Committee to ensure that all policies and procedures are appropriate. After acceptance from the Quality Committee, the policy is forwarded to the Medical Executive Committee and then to the Board of Trustees for final approval.

Code of Conduct:

It is the policy of TCH that all of the business of TCH be conducted according to high ethical standards, including compliance with applicable laws, rules, and regulations, and the requirements of third party payers. In support of this stated policy, a Code of Conduct is essential for TCH to prosper and receive the desired trust and respect of its patients, physicians and other health care providers, third party payers, the TCH personnel, and agents. Set forth in this Code of Conduct is a set of standards to evaluate situations in a consistent manner and arrive at uniform decisions. The underlying principles of these standards are based on common sense, courtesy, ethical and legal conduct that are essential to govern the business of TCH. It is important that the entire TCH personnel understand these standards and abide by them daily.

In furtherance of these essentials, TCH subscribes to the following Code of Conduct:

1. Quality Care and Services
 - a. We are committed to providing quality care and services to those we serve.
 - i. Treat patients with dignity, respect and courtesy and in a manner that respects their background, culture, religion and heritage.
 - ii. Provide treatment and medical services within our capability to our patients without regard to financial class, religion, race, gender or age.
 - iii. Listen and do our best to understand the needs of our patients, families and visitors and promptly address any issues or complaints.
 - iv. Include patients in decisions regarding their medical care whenever possible.
 - v. Take steps to ensure that clinical duties are performed by properly trained and licensed/credentialed individuals. Conduct appropriate background checks and verify credentials and qualifications of licensed health care professionals providing service at our facilities.

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- vi. Utilize quality improvement, peer review and education to address patient care issues in an environment that supports teamwork and promotes quality care.
- vii. Provide the patient opportunities to make meaningful choices from the available home agencies, durable medical equipment (DME) suppliers, long-term care providers, pharmacies, ambulance services and rehabilitation providers.
- viii. Provide appropriate medical screening and necessary stabilizing treatment within the Hospital's capabilities to individuals who come to the hospital seeking emergency care, and without delay to inquire about means of payment.
- ix. Maintain a process for referral, transfer or discharge of the patient that provides for continuing care based upon the patient's assessed needs at the time of discharge.

2. Compliance with the Law in Business Practices

- a. We will provide healthcare services and conduct our business in compliance with applicable laws, regulations and standards.
 - i. Pursue only those business opportunities that further the Hospital's charitable mission and charitable purpose consistent with applicable laws and ethical business practices.
 - ii. Refrain from engaging in illegal business practices, including bribery, kickbacks or payoffs, intended to influence the decisions of any external representative,
 - iii. Market and advertise truthfully and accurately.
 - iv. Conduct relationships and enter into transactions with physicians, providers, clinical practitioners, vendors, and other external representatives and entities in a manner which, at a minimum, meet the following criteria:
 - v. Specifically defines the transaction and the respective parties' duties and obligations; and
 - vi. In the case of the purchase or sale of real or personal property, goods or services, the real or personal property, goods and/or services are specifically identified in the agreement; and
 - vii. Amounts paid or received by the Hospital shall be consistent with fair market value; and
 - viii. Transactions shall be commercially reasonable and conducted at arm's-length.
 - ix. Conduct financial matters in a manner consistent with generally accepted accounting principles (GAAP), established accounting policies followed by the Hospital and internal control procedures.

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- x. Comply with Risk Management reporting policies and requirements.
3. Safeguard Assets, Property and Information
- a. We will use our resources wisely and will be accountable for their proper use.
 - i. Maintain, preserve and be personally responsible for Tippah County Hospital's assets, property, facilities, equipment and supplies, as well as any property of others, which is our legal responsibility.
 - ii. Report time records accurately and use time at work responsibly for work-related activities.
 - iii. Ensure that property is disposed of in an appropriate manner.
 - iv. Use E-mail, Internet and other electronic communications responsibly.
4. Promote Fair Employee Treatment
- a. We are committed to providing a work environment throughout the organization that promotes equal employment opportunities and complies with laws in all matters relating to employment.
 - i. Demonstrate appropriate respect and consideration for one another.
 - ii. Apply Human Resource Policies and Procedures fairly and equitably, consistent with applicable legal requirements.
 - iii. Hire, train, promote and compensate employees without regard for race, gender, creed, color, age, national origin, religion, physical/mental disability or other classification protected by law.
 - iv. Maintain an environment free from harassment, disruption, intimidation or hostility.
 - v. Encourage open expression of concerns and use of the problem-solving process.
 - vi. Protect an employee's job status, working conditions or employment relationship if he/she, in good faith, reports problems to their supervisor or contacts the Compliance Officer.
5. Respect and Protect Confidential Information
- a. We will facilitate the responsible use of patient, visitor, employee, business or other confidential information.
 - i. Maintain confidentiality of information about our patients by using and sharing it according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) Act. Follow policies and procedures with respect to the proper authorization and disclosure of confidential information.
 - ii. Limit restricted information to those who need to know.

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- iii. Respect patients' privacy and information by discussing confidential information at appropriate times and in appropriate places.
- 6. Code, Bill and Collect in Accordance with Applicable Guidelines
 - a. We are committed to integrity in our coding, billing and collection practices.
 - i. Maintain honest and accurate records of services provided to the patient.
 - ii. Follow coding principles and applicable billing laws, regulations and guidelines to facilitate the proper documentation, coding and billing of claims.
 - iii. Ensure that medical information is properly documented in patient records and complies with medical necessity requirements.
 - iv. Take affirmative steps to prevent the submission of claims for payment and reimbursement of any kind that are fraudulent, abusive, inaccurate or medically unnecessary.
 - v. If a billing error is discovered, take immediate steps to correct the error, alert the payor and promptly refund any payments not due.
 - vi. Provide an effective process to resolve patient billing issues.
 - vii. Pursue collections in a professional manner in accordance with Hospital policy.
- 7. Avoid Conflicts of Interest
 - a. We will conduct ourselves with integrity, honesty and fairness to avoid any conflict between personal interests and the interests of Tippah County Hospital.
 - i. Do not accept, either directly or indirectly, compensation of gifts or cash, services or any items of value from physicians, vendors, clinical practitioners, patients, their families, visitors and others in exchange for favorable treatment, referrals of patients, items or services.
 - ii. Do not ask for or provide, directly or indirectly, compensation or gifts of cash, services or any items of value to physicians, vendors, clinical practitioners, patients, their families, visitors or others in exchange for referrals of items or services provided by or at the Hospital.
 - iii. Follow the Conflict of Interest Policy in reporting any circumstances that could cause a conflict of interest.
 - iv. Conduct all fundraising activities per hospital fundraising policies.
- 8. Maintain a Safe Environment
 - a. We are committed to providing a safe environment for our patients, staff and visitors.

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- i. Recognize, correct and/or report unsafe practices, conditions or potential hazards that may violate a rule, regulation or safety standard.
- ii. Take steps to prevent and respond in a prompt and appropriate manner to any incidents of threats/violence, and immediately report such acts or threats to a supervisor and/or Security.
- iii. Read and follow policies and manufacturer's guidelines when using equipment, property and medical products.
- iv. Use care in the handling and disposal of medical waste or other hazardous materials.
- v. Eliminate or minimize hazards to the health and safety of employees, patients and visitors.
- vi. Take steps to prevent, and respond in a prompt and appropriate manner to any employee use of illegal drugs either on or off the job, use of non-prescribed controlled substances, or from reporting to work under the influence of alcohol.
- vii. Do not manufacture, distribute or possess a controlled substance or drug not medically authorized.
- viii. Support patient's right to access protective services by maintaining current policies and procedures addressing assessment of need and mechanisms for accessing such services.

Standards of Behavior:

In keeping with the TCH, Mission and Vision we commit to the following Standards of Behavior:

1. Service

- a. I will promote the health and well-being of all clients who seek care at TCH.
- b. I will support trainees in all of their academic endeavors.
- c. I will respect colleagues and those we serve who differ by gender, race, religion, culture, national origin, mental and physical abilities and sexual orientation and treat them with dignity, respect and compassion.
- d. I will recognize that every member of the TCH team makes important contributions.
- e. I will ensure that all team members understand overall team goals and their roles.
- f. I will answer question posed by patients, students, or staff to ensure understanding and facilitate learning.

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- g. I will introduce other staff to customers when a hand-off occurs and explain that the person will provide excellent service.
 - h. I will always strive to meet a customer's needs by using HEAL:
 - i. H: Hear them out
 - ii. E: Empathize
 - iii. A: Apologize ("I'm sorry we did not meet your expectations.")
 - iv. L: Leap into action to solve the problem
2. Privacy and Confidentiality
- a. I will only engage in conversations regarding clients according to TCH policies and regulatory requirements.
 - b. I will discuss confidential matters in a private area.
 - c. I will keep written/electronic information out of the view of others.
 - d. I will knock prior to entering a client's room, identify myself, and ask permission to enter.
 - e. I will utilize doors/curtains/blankets as appropriate to ensure privacy, explain to the client why I am doing this and ask permission prior to removing garments or blankets.
3. Communication
- a. I will introduce myself to clients, families, visitors and colleagues.
 - b. I will wear my name badge where it can be visibly seen.
 - c. I will smile, make eye contact, greet others and speak in ways that are easily understood and show concern and interest and actively listen.
 - d. I will recognize that body language and tone of voice are important parts of communication.
 - e. I will listen and respond to dissatisfied clients, families, visitors and/or colleagues.
 - f. I will remain calm when confronted with or responding to pressure situations.
4. Professionalism
- a. I will recognize the increasing diversity of our community and broaden my knowledge of the cultures of the individuals we serve.
 - b. I will adhere to TCH policies such as smoking, attendance and dress code.
 - c. I will refrain from loud talk and excessive noises – a quiet environment is important to heal, learn and work.
 - d. I will discuss internal issues only with those who need to know and refrain from criticizing TCH in the workplace and in the community.
 - e. I will continue to learn and seek new knowledge to enhance my skills and ability to serve.
5. Ownership

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- a. I will take any concern (real, perceived, big or small) seriously, seek resolution or understanding, and ask for help if the concern is beyond my ability or scope of authority.
 - b. I will approach those who appear to need help or be lost and assist or direct them appropriately.
 - c. I will clean up litter, debris and spills promptly or notify the best resource to keep the environment of TCH clean and safe.
 - d. I will remain conscious of the enormous cost of healthcare and optimize resources while delivering exemplary service.
6. Commitment to Coworkers
- a. I will treat colleagues with dignity, respect and compassion.
 - b. I will value and respect differences in background, experience, culture, religion and ethnicity.
 - c. I will treat coworkers respectfully and professionally by listening and avoiding defensiveness.
 - d. I will contribute to my work group in positive ways and continuously support the efforts of others.
 - e. I will view all colleagues as equally important members of the TCH team, regardless of job, role or title.
 - f. I will promote interdepartmental cooperation.
 - g. I will recognize and encourage positive behaviors.
 - h. I will provide private constructive feedback for inappropriate behaviors.
 - i. I will discuss issues directly with coworkers and not go to other people unless the issue cannot be resolved.
 - j. I will take responsibility for solving problems regardless of origin.
 - k. I will provide coworkers with a mini-report for continuity of workflow when I am planning to be out of the office or off the floor.
 - l. I will be accountable when completing assignments.
 - m. I will respect deadlines.

III. Compliance Program Administration

Compliance Officer:

Appointment: The designated Compliance Officer has ultimate responsibility for creating and facilitating a comprehensive strategy to ensure that TCH is consistently complying with federal and state regulations, and ethical business standards.

Duties: The Compliance officer is responsible for day-to-day operations, planning and activities of the Compliance Program. The Compliance Officer oversees all on-going activities related to the development, implementation, maintenance and adherence to the organization's policies and procedures covering Corporate Compliance and HIPAA Privacy Compliance. The Compliance Officer works closely with Senior Leadership to implement internal controls and plans of correction when appropriate. In addition, the Compliance Officer develops and implements policies and procedures as required by the HIPAA privacy regulation, and for compliance with other applicable federal and state patient privacy regulations.

Authority: The Compliance Officer has direct access to the CEO and, as required, to the Board of Trustees. The Compliance Officer has access to all documents and information relevant to compliance activities including but not limited to patient records, billing records, marketing records, contracts and written arrangements or agreements with others. The Compliance Officer may seek advice of legal counsel and may retain necessary consultants or experts. The Compliance Officer may appoint such staff as deemed necessary to assist in the performance of the responsibilities. Any member of the Compliance Officer's staff will be treated as the Compliance Officer for purposes of cooperation with his/her efforts to perform his/her duties.

Reporting: The Compliance Officer reports to General the CEO. The Compliance Officer shall report directly to the Board of Trustees at least twice a year on the status of the Program at TCH. Such reports may be written or oral. The Compliance Officer has the ability to participate in an Executive Session of the Board at the Board's discretion. The Compliance Officer has the authority to engage the services of outside counsel for internal audits and investigations.

Compliance Committee:

Appointment: The Compliance Committee is a Committee of the Board of Trustees. The Committee is charged with the responsibility of operating and monitoring the

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Program and initiating any actions to correct problems encountered. The Committee consists of:

- Chief Executive Officer
- Chief Financial Officer
- Chief Nursing Officer
- IT Director
- Emergency Services Director
- Nursing Home Administrator
- Compliance Officer

Duties: The duties of the Compliance Committee include, but are not limited to:

- Advising the Compliance Officer and assisting in the implementation and maintenance of the Compliance Program;
- Recommending and monitoring, in conjunction with the relevant service areas, the development of internal systems and controls to carry out the Hospital's standards, policies and procedures;
- Determining the appropriate strategy and/or approach to promote adherence to the Compliance Program and the detection of potential violations;
- Recommending and monitoring a system to solicit, evaluate and respond to complaints and problems;
- Monitoring results of external and internal audits;
- And assisting in annual risk assessment and evaluation of the Compliance Program & Compliance Program work plan.

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IV. Education & Training:

Effective education & training of the Compliance Program is essential to ensuring compliance. The Compliance Officer will be responsible for ensuring that TCH compliance policies are disseminated and understood. Education & Training begins upon hire and at least annually thereafter. A variety of instruction methods are used to ensure that all employees have the opportunity to learn in a manner that best suits their learning style.

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V. Open Lines of Communication

Tippah County Hospital encourages and maintains open communications between employees and the Compliance Officer or Compliance Committee. Without help from the employees, it may be difficult to learn of possible compliance problems and to make necessary corrections. At any time, any individual may seek clarification or advice from the Compliance Officer in the event of any confusion or question with regard to this Program, or any element of this Program, or policy or procedure related to this Program. Questions and responses are documented and, if appropriate, shared for informational and educational purposes. When this occurs, the information is de-identified.

All members of the workforce have the responsibility to comply with applicable laws and regulations and to report any acts of noncompliance. The workforce is required to report acts of non-compliance. Any individual found to have known of such acts but who failed to report them will be subject to discipline. Employees have the following methods to report acts of non-compliance:

- Directly report to a Department Manager, Human Resources, or Compliance Officer the issue; the employee may request to report anonymously.
- Compliance Hotline: The Compliance Hotline is intended to identify and address improper conduct as quickly as possible. The Compliance Hotline is administered through a Third Party Company and any reports can remain anonymous.

No member of the workforce shall in any way intimidate or retaliate against another individual for reporting, in good faith an act of noncompliance. Acts of intimidation or retaliation should be reported to the Compliance Office and will be investigated by the Compliance Officer or his/her designee. Any confirmed act of intimidation or retaliation shall result in discipline.

The Compliance Officer will be notified of any report made concerning activities in which a TCH personnel member suspects may be in violation of TCH's billing policies or legal requirements will report such suspected noncompliance to the Compliance Committee at least quarterly.

The Compliance Officer will prepare a written report of findings to the Compliance Committee who will approve any corrective action that should be undertaken. TCH personnel will cooperate fully with any investigation carried out by the Compliance Officer; failure to do so may result in disciplinary action up to and including termination. Among the responsibilities of TCH to its personnel are:

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- The creation of an environment that protects those who call attention to legal or policy violations, and the thorough and impartial investigation of the concerns brought to TCH's attention by TCH personnel or others.
- TCH personnel have an obligation to report any suspected noncompliance.
- TCH will not retaliate against personnel members who, in good faith, report actual or suspected noncompliance with laws, regulations, or policies.

All reported suspected noncompliance will be handled with integrity and confidentiality to ensure, to the extent reasonably possible, the privacy and integrity of the individual submitting the report and the person(s) involved in the suspected noncompliance.

Any required external reporting will be accomplished within thirty (30) days of discovery of the infraction, if possible, but not later than Sixty (60) days. Sanctions or discipline, in accordance with TCH rules, may be recommended.

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VI. Enforcement through Well-Publicized Disciplinary Guidelines

Every personnel member of TCH has the responsibility to comply with all of the terms and provisions of this Compliance Plan, the Code of Conduct and various compliance policies adopted in connection with this Compliance Plan, including, and without limitation, the reporting of suspected noncompliance.

Failure of a personnel member to comply with the terms and provisions of this Compliance Plan, Code of Conduct or any of the various compliance policies adopted in connection with this Compliance Plan may result in serious disciplinary action against such personnel member, including termination. These disciplinary guidelines are available to all employees through the Employee Handbook.

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VII. Auditing & Monitoring

Because of the annual Compliance Program Evaluation, the Compliance Officer with the assistance of the Compliance Committee will develop the Annual Work Plan. The Annual Work Plan will have a schedule of auditing & monitoring that is to be completed. The results of Auditing & Monitoring will be made available to the Compliance Committee, Board of Trustees, and others as necessary. The Compliance Officer may have to audit and/or monitor items in addition to the work plan should an issue arise.

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VIII: Corrective Action Plans

Whenever an issue of noncompliance has been identified, through monitoring, reporting of possible issues, investigations, or otherwise, the Compliance Officer will assist in the development of an action plan. Corrective action plans will be designed to ensure not only that the specific issue is addressed, but also that similar noncompliance does not occur in other areas or departments.

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IX. Compliance Program Evaluation & Revision:

The Compliance Program set forth herein is intended to be flexible and readily adaptable to changes in the regulatory requirements and in the health care system as a whole. The Compliance Program will be reviewed at least annually to assess whether it is working effectively. The Compliance Program will be revised as experience shows that a certain approach is not effective or suggests a better alternative. To facilitate appropriate revisions to the Compliance Program, the Compliance Officer will prepare a report, at least annually, that describes the general compliance efforts that have been undertaken during the preceding year and that identifies any changes that might be made to improve compliance efforts. This report will be delivered members of the TCH Compliance Committee for their comments about possible revisions to the Compliance Program.

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X. Summary:

The aim of this Compliance Plan is to clarify the standards of TCH in order to promote ethical behavior and achieve the goal of compliance with federal and state laws and the program requirements of federal, state, and private health plans. The implementation of the Compliance Program is designed to help all TCH personnel, live up to those standards through education and training sessions, and periodic audits of TCH's practices and contractual obligations.

It is the responsibility of all TCH personnel to comply with the law and this Compliance Plan and to conduct activities in an honest, ethical manner. This responsibility cannot be delegated or assumed by TCH. Violating laws, regulations, institutional policies, or failing to report such violations can result in serious disciplinary action by TCH, including termination. Additionally, violators may be subject to civil or criminal charges by outside regulatory agencies.

APPENDICES