



ANNUAL PUBLIC DISCLOSURE POLICY AND PROCEDURE

Policy Type: B. Governing (C)	Policy #: B-109 ©
<input type="checkbox"/> All <input type="checkbox"/> ViaQuest <input type="checkbox"/> ViaQuest Clinical Services <input type="checkbox"/> ViaQuest Nursing Services <input type="checkbox"/> ViaQuest Residential Services <input type="checkbox"/> ViaQuest Day Services <input checked="" type="checkbox"/> Home Health <input checked="" type="checkbox"/> Hospice	Service: ORGANIZATION AND ADMINISTRATION
Date Issued: January 2011	Date(s) Revised: February/2013

POLICY

ViaQuest (Home Health; Hospice) will prepare a written, annual public disclosure statement signed by the Administrator.

PURPOSE

- To define the process for annual public disclosure.

REFERENCE

ACHC Standard: HH1-1B; The Joint Commission CAHMC Standard: LD.01.01.01

RELATED DOCUMENTS

PROCEDURE

1. ViaQuest Home Health/Hospice will prepare a written annual public disclosure statement that includes:
 - Names, addresses of individuals or corporations having direct/indirect ownership or controlling interest of 5% or more in agency or in any subcontractor in which the agency has direct/indirect ownership interest of 5% or more.
 - Persons who are related (spouse, parent, child, sibling) that have direct or indirect ownership or controlling interest of 5% or more in agency or subcontractor.
 - Persons who have ownership/controlling interest in a Medicare certified facility.
 - Names/addresses of any officer, director, or partner who has ownership or control of such facility.
 - Conviction of any criminal offense involving Medicare or Medicaid on the part of any person or organization, agent or managing employee.

- Names and addresses of any current managerial staff who were employed by the fiscal intermediary in the last year.
 - Changes in ownership or control.
 - Change of address for parent-corporation, sub-unit or branches.
2. Public Disclosure of Agency structure will be disclosed to the public at a minimum of annually and made available to the public upon request and/or as required (i.e.: Medicaid/Medicare regulations). Such circumstances include but are not limited to:
- To regulatory agency (including county, state, accrediting agency, CMS etc.) at the time of initial request for certification and for each subsequent survey by the given regulatory agency there after.
 - Disclosure will also be made within 30 days of any change in ownership or management to regulatory agencies as required.