

CARE FOR U PLUS

177 Franklin Corner Rd, Ste 2B
Lawrenceville, NJ 08648
Phone: 609-985-0188
Fax: 609-895-0729

800 N. Kings Hwy, Ste 507
Cherry Hill, NJ 08034
Phone: 856-330-4797
Fax: 856-330-4806

100 Plainfield Ave, Ste 5
Edison, NJ 08817
Phone: 732-603-0020
Fax: 732-603-0025

Corporate Compliance

Entities that oversee Home Care Services: OIG, AG (attorney general), Division of Consumer Affairs, Board of Nursing, Medicaid Fraud Division, Medicaid Fraud Control Unit.

The OIG (Office of the Inspector General) is directly responsible for meeting the statutory mission of promoting economy, efficiency, and effectiveness in the administration of SSA programs and operations and to prevent and detect fraud, waste, abuse, and mismanagement in such programs and operations.

Exclusions: OIG has the authority to exclude individuals and entities from Federally funded health care programs for a variety of reasons, including a conviction for Medicare or Medicaid fraud. Those that are excluded can receive no payment from Federal healthcare programs for any items or services they furnish, order, or prescribe.

Fraud, Waste and Abuse Definition:

- *Fraud*: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in an unnecessary cost to the Medicaid program.
- *Waste*: Is Overutilization: The careless or needless expenditure of healthcare benefits or services that results from deficient practices or decisions.
- *Abuse*: Unnecessary cost to the Medicaid Program. It involves payment for items or services where there is no intent to deceive or misrepresent, but the outcome of poor insufficient methods results in unnecessary costs.

Laws and Regulations:

- *False Claims Act*: imposes civil liability on any person who knowingly submits, or causes to be submitted, a false or fraudulent claim to the Federal Government.
- *Criminal Healthcare Fraud Statute*: A person can be liable for a scheme to intentionally defraud any healthcare benefit program or use false statements to obtain funds held by a federal health care program.
- *Anti-Kickback Statute*: The federal Anti-Kickback Statute is a healthcare fraud and abuse statute that prohibits the exchange of remuneration -- which the statute defines broadly as anything of value -- for referrals for services that are payable by a federal program.

Risk Areas for CHHAs:

- Billing for items or services not actually rendered. (Example: no services provided and/or reporting activities not performed)
- Home Health agency incentives to actual or potential referral sources.
- Billing for services provided to patients who are not confined to their residence.
- Insufficient documentation to evidence that services were performed.
- Falsified beneficiary signatures on visit that verify services were performed.

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- Improper patient solicitation and high-pressure marketing of uncovered or unnecessary services.
- Patient abandonment in violation of applicable statutes, regulations, and Federal health care program requirements.

Congress mandated electronic visit verification (EVV) as part of the 21st Century Cures Act, to crack down on fraudulent Medicaid billing. The qui tam provision enables whistleblowing: it allows private citizens to file actions on behalf of the government against fraudulent individuals or companies.

Conflict of Interests:

A situation in which the concerns or aims of two different parties are incompatible. A person is able to derive personal benefit from their actions or decisions. Examples:

- In good faith, bringing your patient to live with you because he became homeless; or accepting a patient's offer to allow you to live in his/her home because you became homeless.
- Opening a joint bank account with your patient to better manage his/her finances.
- Providing services for your blood related family member.

Code of Conduct:

A code of conduct states the rules, values, ethical principles and vision for your business.

Protecting Patient Privacy:

HIPAA (Health Insurance Portability and Accountability Act. Keeping Protected Health Information private and confidential between a patient and a Health Care Provider.

18 identifiers of PHI (Protected Health Information):

- 1) Names
- 2) Address
- 3) All Elements of Dates
- 4) Telephone Number
- 5) Fax Number
- 6) Email Address
- 7) Social Security Number
- 8) Medical Record Number
- 9) Health Plan Beneficiary Number
- 10) Account Number
- 11) Certificate/License Number
- 12) VIN and Serial Numbers including License Plate Number
- 13) Device Identifiers and Serial Number
- 14) Universal Resource Locators (URLs)
- 15) Internal Protocol (IP) Address
- 16) Biometric Identifiers, including Finger and Voice Prints
- 17) Full Face Photographic Images and any Comparable Image

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18) Any other unique identifying number, characteristic, or code-except a code for re-identification by the Covered Entity that is not related to information about the individual, capable of identifying the Individual and not used for any other purposes.

Allowable uses of HIPAA: TPO (Treatment, Payment and Operation). Example: Such information is exchanged with office personnel while conducting business to provide care for the patient.

HIPAA Breach: Any unauthorized disclosure of PHI (not permitted under the privacy rule).

Patient Privacy is expected to be followed in spoken and written communications and it refers to the past, the present and the future.

Always safeguard PHI, ask questions, and communicate with the office for clarification. What do you do after a coordinator has given you an assignment over the phone? Protecting patient privacy is everybody's job. Always make sure that you safely dispose of such information and/or bring it back to the office to be shred.