Home Health Compliance

Home Health Department

Agenda

- Pre-test
- What is compliance?
- Why is it important?
- What is a compliance program ?
- Home Health Standards of Conduct
- Disciplinary Policy
- Q & A
- Post-Test

Compliance: Defined

- **Compliance** n., *Conformity in fulfilling official requirements.*

- Compliance can be described as conducting a business and oneself in an ethical, moral, and legal manner.

Compliance and your Institution

- It's a matter of who you are, not just something you do.
- A matter of character and integrity.
- An aspect of quality improvement.
- An insurance investment.

- **IT'S THE RIGHT THING TO DO!!**

Why Compliance?

- Government, insurance companies and consumers are aggressively reviewing billings, medical results and related processes throughout the healthcare industry.
- Government has authority to question and investigate suspected violations.
- Government intends to change conduct.
- Government has no tolerance for fraud and abuse.

Why compliance?

- For every $1 the government invests in fraud investigation, it recoups $23.
- Medicare recouped $7 Billion last year through fraud and abuse prevention efforts.
- IT'S WORKING!! -- Estimated improper payments decreased 42% from $23.2 billion (1996) to $13.5 billion (1999) due to government oversight and healthcare compliance efforts.

Why Compliance?

- Lack of compliance can lead to investigations.
- Individual employees can be questioned during an investigation or subpoenaed to testify in court.
- If fraud & abuse is discovered, civil and criminal monetary penalties can be assessed.

False Claims Laws

- Billing for services not rendered.
- Billing for services not ordered by a physician
- Billing for medically unnecessary services
- Improper documentation practices
- Submitting false information
- Duplicate Billing
- Anti-kickback violations

Penalties for False Claims

- Criminal prosecution.
- Civil proceeding.
- Sanctions, fines up to $11,000 per claim, treble damages, imprisonment, exclusion from federal programs.

Major Fraud Settlements

- 1997 - *$1.65 Million* by Apria Healthcare for kickbacks
- 2000 - *$1.4 Million* by Tender Loving Care Health Services for false cost reports
- 2000 - *$745 Million* by Columbia HCA for submitting false cost reports (officers sentenced to jail time)
- 2000 - *$10 Million* by EquiMed for billing for services not ordered by physicians, or medically necessary
- 2000 - $250 K and 10 years prison to Home Health Agency LPN for submitting false skilled nursing notes for unscheduled visits

Benefits of a Compliance Program

- Demonstrate strong commitment to honest and responsible corporate conduct.
- Provide guidance to employees regarding appropriate behavior as it relates to fraud and abuse.
- Identify and prevent criminal and unethical conduct.
- Improve the quality, efficiency and consistency of services.

Benefits of a Compliance Program

- Create a centralized source for distributing information on health care statutes and regulations.
- Encourage employees to report potential problems
- Develop procedures that allow the prompt, thorough investigation of alleged misconduct by corporate officers, management, and employees.
- Initiate appropriate, and decisive corrective action.

Benefits of a Compliance Program

- Through early detection and reporting, losses to the government for false claims can be minimized, and the exposure to civil damages and penalties, criminal sanctions, and administrative remedies reduced.

What is a Compliance Program?

1. Standards of Conduct/Policies and Procedures
   - Medical Necessity
   - Physician Certifications
   - Qualifying Services
   - Assisted Living Residents Services
   - Anti-kickbacks and Self-Referrals
   - Submission of Charge Tickets
   - Documentation of Services
   - Qualified Personnel providing services
   - Willing and Able Caregivers
   - Medicare PPS

What is a Compliance Program?

- 2. Designation of a Compliance Officer and Committee
- 3. Training and Education
- 4. Effective Communication
- 5. Disciplinary Guidelines
- 6. Auditing and Monitoring
- 7. Reporting of Identified Issues and Corrective Action

Standards of Conduct

- A set of standards that clearly delineates policies with regard to fraud, waste and abuse.
- Provides guidance to employees on high risk areas in the home health industry.
- Compliance Standards of Conduct are made available to all employees and regularly updated and/or modified.

Standards of Conduct

- Every Employee:
  - Shares the responsibility for upholding company standards, as well as home health standards.
  - Is responsible and accountable for complying with the policies and procedures with regard to fraud, waste and abuse and all local, state, and federal statutes and regulations.

Standards of Conduct

- Violations of laws and regulations can have severe consequences.
- Non-compliance to any policy and procedure, or the Standards of Conduct may be grounds for disciplinary action, up to and including termination.

Medical Necessity

- All services rendered to a patient must be ordered by a physician
- Medicare will only pay for services that are reasonable and necessary for the diagnosis and treatment of illness or injury
- Only those services that are medically necessary and ordered by a physician will be billed

Homebound Beneficiaries

- "Homebound" status means that a patient is confined to the home
- This status is a requirement of all Medicare patients receiving Home Health services
- Documentation must accurately reflect the status of the patient in all visit notes to ensure the continued homebound status

Physician Certifications

- Plan of care must be established by a physician prior to rendering services
- Physician must sign and date plan of care before billing for services
- Only those services ordered through the plan of care and/or verbal orders should be rendered and billed
- All orders must have follow-up and action by a H/H staff member or through a referral

Qualifying Services

- A qualifying service is the need for skilled nursing care, PT, or SLP
- If a qualifying service is present, an OT, HHA or MSW can then provide services and bill for those services
- Personal or custodial services alone are not considered qualifying services
- Personal or custodial services should not be rendered or billed without an accompanying qualifying service

Services Provided to Assisted Living Residents

- There will be no duplication of services between the Home Health Agency and the Assisted Living Facility
- All attempts should be made to determine the extent and type of services the facility is providing and obligated to provide the patient
- Home Health will not provide or bill for those services the facility provides
- DUPLICATE BILLING EXPOSURE

Anti-kickbacks and Self-Referrals

- A kickbacks is anything given or received that gives the appearance of trying to induce a referral
- Do not offer or provide gifts, free services or other incentives to patients, relatives, physicians, hospitals, contractors or any other potential source of referrals

Anti-Kickback Law

- These laws were established to prevent fraudulent claims for payment under Medicare or Medicaid, or improper inducements for referrals that are reimbursed by these federally funded programs.
- Institutions may not offer or give anything of value to induce referrals that are reimbursed by Medicare or Medicaid.
- No provider/customer may accept or ask for "rebates" or "Kickbacks".
- Rebate or Kickback - Anything of value that is given or offered that induces referrals.

Anti-Kickback Law Prohibitions

- Cash or rebates of any kind
- Fax machines/Computers/Telephone line
- Supplies
- Employment agreements
- Below cost leasing arrangements
- Biohazard waste pickup
- Professional courtesy

Submission of Charge Tickets

- Original charge ticket should always be submitted
- Ensure all services and supplies provided are documented on the charge ticket
- The appropriate discipline provided should be indicated on all charge tickets to avoid upcoding or undercoding

Documentation of Services

- All services provided to the patient must be carefully and completely documented in the visit notes
- All entries must be performed in a timely manner
- The documentation must support the level of service rendered and also support the services indicated on the charge ticket
- All visits must reflect the provision of a skilled service

Services provided by qualified personnel

- Only provide the level of services that fall within the scope of practice for your licensure or certification
- For example"
  - LPN cannot perform the same level of service that an RN can perform
  - Aide cannot perform the same level of service that an LPN or RN can perform

Willing and Able Caregivers

- A willing and able caregiver is a family member or other person that has agreed to provide those services that can be performed to meet the patient's needs
- If there is such a person, Home Health will not perform these services, or bill for the services that are provided by the caregiver

Medicare PPS and Under-utilization

- Under-utilization of services is when any service that is medically necessary is denied in an attempt to reduce costs
- Medicare PPS pays one amount for all services performed on a patient, reimbursement is no longer based on the services provided
- Every patient has a right to have all services that are medically necessary rendered to them, regardless of the reimbursement

Compliance as an Element of Performance

- Incorporate Compliance as an element of job performance.
- Employees should be up to date on policies and legal requirements that apply to their position.
- Failure to do these things can result in:
  - Disciplinary Action
  - Termination

In Summary:

- Every employee is responsible for knowing the policies and procedures, and laws and regulations that pertain to their job
- Every employee is expected to conduct themselves within full compliance of these policies, procedures, law and regulations
- Every employee has the obligation to report concerns with regards to inappropriate, unethical or illegal activity

Reporting Compliance Concerns

- Talk with your supervisor first
- If you are unable to do that... Call the Compliance Line at 1-800-888-8888
- Contact the Compliance Officer at 555-5555.