

CORPORATE COMPLIANCE MATTERS

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EVERCARE: SUCCESS THROUGH COMPLIANCE

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SITUATION:

You are an assessment nurse of our MLTCP. During an assessment, you realize that this person will very unlikely qualify for services. You like the person and wonder if maybe you could justify scoring her a little higher. What should you do?

No, do not score higher! Accepting funds from the government for an ineligible individual is a false claim - it places us at risk for being sanctioned for fraud. You must take a conservative approach - heed the side of caution, document facts free from emotions + perceptions. The clinician's responsibility is to ask questions; test for validity and ensure sound decision making.

COMPLIANCE INTEGRITY TRAINING WELL ATTENDED

Thank you for your participation in this month's annual EverCare compliance integrity training program. Your interest, questions and comments helped us all. There were a total of six sessions from August through September 22! The Question and Answer format proved to be a useful tool to encourage questions and provide answers!

We also covered the eight elements of our Compliance program. **Today: element #3:** Our compliance integrity program establishes, implements and provides effective training and education for all employees including management, administrators, board and to some of our providers.

FAXES AND THE FACTS, PART II

During our Corporate Compliance training, it was announced that our faxes are now required to have each page (cover page and all accompanying pages) stamped "confidential." The HIPAA Privacy Rule requires "reasonable safeguards" this means not only to mark each page confidential but to check the fax number for accuracy prior to faxing. Thank you!

DIFFERENCE BETWEEN MEDICAID AND MEDICARE

Medicaid – A joint federal and state program established by title XIX of the Social Security Act which helps with medical costs for some people of all ages who have low incomes and limited resources. **Medicare** – a federally sponsored health insurance program for those aged 65 and over as well as certain other eligible individuals. Consists of 4 parts: Part A covers inpatients costs; Part B covers outpatient costs; Part C is the Medicare+Choice program; and Part D covers prescription drugs.

In the News this week: VNSNY being accused of false claims for failing to provide services. <http://mobile.nytimes.com/2016/09/24/nyregion/whistle-blower-suit-accuses-visiting-nurse-service-of-fraud.html?referer=https://www.google.com/>

ACRONYMS – TODAY'S TOP 5:

- 1) CMS – Centers for Medicare and Medicaid Services
- 2) DSRIP – Delivery System Reform Incentive Payment
- 3) EOC – Episode of Care
- 4) MMCOR – Medicaid Managed Care Operating Report
- 5) SOC – Start of Care

Q: Who do I report a compliance issue to? Report your concern to any member of management if that makes you feel most comfortable. It's less important to whom you report but rather that you report.

"The strongest thing that any human being has going is their own integrity and their own heart. As soon as you start veering away from that, the solidity that you need in order to be able to stand for what you believe in and deliver what's really inside, it's just not going to be there." Herbie Hancock
