

# Fraud, Waste and Abuse Compliance Training

This Medicare Advantage and Part D Fraud, Waste and Abuse Compliance Training meets the Centers for Medicare & Medicaid Services (CMS) requirements for annual training for agencies providing services to recipients of these programs.

**What:** New federal requirements you must know

**Why:** To help detect, prevent and correct fraud, waste and abuse and raise awareness of these issues.

**How:** Development and communication of this compliance plan including measures to detect, prevent and correct fraud, waste and abuse.

**When:** Training must be completed upon hire and at annual intervals,

**Fraud, Waste and Abuse Defined:**

**Fraud:** An intentional act of deception, misrepresentation or concealment in order to gain something of value. Examples include:

- Billing for services never rendered;
- Billing for services at a rate higher than approved;
- Misrepresenting services provided, resulting in expenses not approved to the Medicaid program.

**Waste:** Over-utilization of services not needed by the recipient (not caused by criminally negligent action) and the misuse of resources for services.

**Abuse:** Excessive or improper use of services or actions that is inconsistent with acceptable business or medical practice; refers to incidents that, although not fraudulent, may directly or indirectly cause financial loss. Examples include:

- Charging in excess for services or supplies;
- Providing medically unnecessary services (services not listed on the client plan of cares)
- Billing for services not paid by recipients Medicare or Medicaid program.

**Why Focus on Fraud, Waste and Abuse**

- Scams alone cost the health care industry over \$100 billion annually;
- Awareness programs save Medicare and Medicaid funds, therefore benefiting recipients and employees jointly, enabling recipients to continue receiving needed services and insuring funds are available to pay competitive wages to employees.

Also, prevention of abuse of these programs saves your tax money.

- Detecting, correcting and preventing fraud requires cooperation from:
  - Recipients of MA services;
  - Employees providing services to recipients of MA services;
  - Providers of MA services including HHA agencies;
  - State and Federal agencies

## Standards of Conduct

All at Home staff and employees are expected to conduct themselves in a professional manner acceptable to standard business practices in the medical field.

Employees are trained upon hire as to company conduct expectations and job responsibilities.

All employees are required to maintain company standards during their employment with All At Home Health Care.

- PCA's/HHA's must clearly understand the cares required by the client(s) you will be working with and complete cares training as required;
- Complete all training as assigned by the agency to meet industry requirements (i.e.: compliance training, safety training, etc.);
- Maintain current knowledge of company policies and procedures;
- Complete required documentation of services including, but not limited to, accurate time tracking documentation, cares documentation, changes in client needs, etc.;
- Clearly understand the services which you are responsible to provide and those which are not permissible under the program which you work. If requested to provide a service which a PCA/HHA is not permitted to conduct, refuse the service then notify the main office of the situation. Employment can be severed for those providing services not approved under the Plan of Care.
- Those providing services in the medical field are mandated reporters. If you witness or have a substantiated reason to suspect abuse or fraud you are required to report it immediately. You should contact your agency coordinator immediately.
- Maintain professional relationships with your client and their families.

Although we understand our services are provided in a home setting it is imperative All at Home staff clearly maintain a professional relationship while working for the Agency. Please insure you treat the clients home as you would any other workplace:

- Respect and comply with clients rules (shoes off, etc.);
- Bring your own food and beverages;
- Do not use client or their family personal items;
- Arrive for work at the assigned time;
- Maintain acceptable attire including acceptable shoes (proper shoes are required);
- Employees are expected to work assigned hours as scheduled.
- Additional standards are documented in employee handbook and during orientation.

## Compliance Issues:

All at Home provides training regarding program and specific company guidelines to all employees and recipients of services at the start of service.

In this training we will cover some of the most common areas where fraud, waste and abuse occur. It is important to understand program guidelines provided by All at Home in compliance with DHS requirements.

- Working time and receiving payment for time not actually worked:
  - o Employees are required to check timesheets when starting services and when ending services on each visit basis. Most common areas of fraud are:
    - o Checking a time earlier than when the employee actually started working;
    - o Checking a time later than when the employee actually stopped working;
    - o Checking hours when an employee did not provide HHA services to the recipient;
    - o Checking hours when not actually providing approved services to the recipient (ex: doing yard work, non-approved homemaking such as cleaning windows, etc, These services are not listed on the Clients Plan of Cares and are not approved services);
    - o Checking hours when a client is admitted to another facility for services (ex: when a client is admitted to a hospital for day surgery or long term care, when a client is admitted to a treatment center for services, etc.)
- Kickbacks. Inducement or other illegal payments:
  - o Offers of additional hours (not actually worked) as compensation;
  - o Offers of bonus payments to MA recipients, PCA's/HHA's or related entities to coerce recipients to use a specific agency for services;
  - o Offer or receipt of payment of hours for unauthorized services;
  - o Offers of gifts as compensation for unapproved services;
  - o Kickback of employee wages to recipient as compensation for hours paid but not actually worked;
  - o Inducements of any sort to coerce employees to provide services not approved for the recipient or not approved for PCA's/HHA's to provide under DHS program guidelines (for example: PCA's/HHA's may not determine medication dosages nor set up the clients medications).
  - Etc.
- Illegal Payment Schemes
  - o Provider (agency or PCA/HHA) is offered, paid, solicits or receives unlawful payment to induce or reward the provider to provide services not approved under the DHS program guidelines;
  - o PCA/HHA bills for hours not actually worked and provides a kickback of any portion of those funds to the recipient;

- Abuse of time for services necessary for the recipient to reside independently within the community.

- For example: PCA takes the recipients children to activities, these types of services are not medically necessary for the recipient to reside independently within the community.

- Inappropriate Billing Practices

- Billing for services not directly provided to the recipient;

- Misrepresenting the services provided;

- Billing at a higher level than the services actually delivered;

- Billing for non-covered services;

- Etc.

- Monitoring and Reporting;

All at Home takes all reports of fraud and/or abuse and waste seriously. In an effort to detect and prevent fraud, abuse and waste All at Home takes the following steps to monitor compliance with program guidelines per state and federal requirements.

- Insuring accurate time recording documentation is provided prior to payment for services;

- Random spot checks/phone calls documenting when staff are on the jobsite (as required by

- DHS Surveillance and Integrity Review) and cross referencing timesheet documentation;

- Detailed record keeping including timesheets;

- Confidential meetings with recipients of services as needed;

- Confidential meetings with PCA's/HHA's as needed;

- All staff are mandated reporters of fraud and abuse. Staff should contact All at Home management immediately if you suspect any form of fraud or abuse. All reports are confidential.

- Reports of fraud and abuse are handled by All at Home management on a timely and case-by-case basis. Substantiated fraud and/or abuse cases are forwarded to DHS Surveillance and Integrity Review as required by state program guidelines.

# ALL AT HOME HEALTHCARE

To complete the Fraud, Waste and Abuse Compliance Training,  
PLEASE CIRCLE THE APPROPRIATE ANSWER.

T     F     1. If the client asks the PCA/HHA to take their child to a community activity, it is covered by the client's services.

T     F     2. The PCA/HHA needs to be sure to very accurate as to their starting time and end time on their time sheets.

T     F     3. The client is able to give the PCA/HHA extra time on the time sheet for tasks, that are not in the job description.

T     F     4. The meaning of fraud is an intentional act of deception, misrepresentation or concealment in order to gain some-thing of value.

T     F     5. Always maintain professional relationships with your client and their family.

T     F     6. It is not important to report an abuse issue the first time.

T     F     7. Scams alone cost the health care industry over \$ 100 Billion annually.

T     F     8. All at Home will do random spot checks to document when PCA's/HHA's are on the jobsite, and cross reference to time Sheets.

\_\_\_\_\_  
Employee Name and Signature

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Date