

Compliance Training!

Yay!



Who knows...

...what the Compliance Line is?



No, it's not the Batphone



10/2/2017

Meanwhile, at stately Wayne Manor...

Why is “compliance” necessary?



(and what the
heck are we
doing here???)



“Compliance” is

...meeting the requirements of accepted practices, legislation, prescribed rules and regulations, specified standards, or the terms of a contract.

For my ally is Compliance, and a powerful ally it is. Standards create it, make it grow. Its energy surrounds us and binds us.

Enlightened beings are we, not this crude matter. You must feel Compliance around you.



And Remember...

**Beware of non-Compliance.
Complacency, ignorance,
carelessness; non-Compliance
are they. Easily they flow, quick**

**to join you in your work. If once you start
down the non-Compliance path, forever it will
dominate your destiny, consume you it will...**

...until



CFR Title 42 § 438.608

Program integrity requirements under the contract.

THE STATE...MUST REQUIRE THAT THE...SUBCONTRACTOR
...IMPLEMENT AND MAINTAIN ARRANGEMENTS OR
PROCEDURES THAT ARE DESIGNED TO
DETECT AND PREVENT

FRAUD

WASTE

AND ABUSE

10/2/2017



GIFAnimations.com

Fraud

The intentional deception or misrepresentation that an individual knows or should know, to be false that could result in some unauthorized benefit to the individual or another person.

- False representation of service and diagnostic codes
- Billing for services not actually rendered
- Billing for services not medically necessary
- Failing to report overpayments or credit balances
- Knowingly misuse of provider identification numbers
- Billing separately for services that should be a single service
- Falsifying treatment plans or medical records to maximize payments
- Duplicate billing in an attempt to gain duplicate payment
- Billing non-covered services as if covered
- Billing services provided by unqualified or unlicensed clinical personnel or at uncertified sites
- Up coding the level of service provided.

Waste

The extravagant, careless or needless expenditure of funds or consumption of resources that result from deficient practices, poor systems controls or bad decisions. Waste may or may not provide any personal gain.



Abuse

Includes incidents or practices which are inconsistent with sound fiscal, business, or medical practice. These practices may, directly or indirectly, result in:

- 1) unnecessary costs to the client, Department and/or government; or
- 2) Reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare.

These are unknowing and/or unintentional errors, mistakes or even negligence compared to fraud that is intentional deception for personal gain.

Abuse



The type of abuse to which Medicare and Medi-Cal is most vulnerable is over utilization of services. Other reasons for disallowance include:

- Claims for services not medically necessary, or not medically necessary to the extent furnished (e.g. a battery of diagnostic tests is given where, based on diagnosis, only a few are needed).
- Missing, incomplete or non-compliant documentation including:
 - Clinical documentation does not substantiate service code, time spent or clinical appropriateness of the billed service.
 - No client plan in place.
 - No evidence the service involved direct patient care (e.g. client transportation where rehabilitative staff-client interaction isn't noted).
- Time billed is rounded instead of by the minute.
- Service delivered is outside the scope of practice of the provider.

Guardians of Federal Funds



As County employees and contractors and subcontractors to the county, personnel are guardians of tax dollars entrusted to us to provide behavioral health services. As such we have an obligation to ensure the integrity and honesty of all business practices. Reporting misuse of government funds is *“the right thing”* to do.

Federal False Claims Act

The Federal False Claims Act (FCA) is a federal statute that covers fraud involving any federally funded contract or program, including Medicare and Medical programs.

The FCA permits a person with knowledge of fraud against the United States Government, referred to as the “qui tam plaintiff,” to file a lawsuit on behalf of the Government against the person or business that committed the fraud (the defendant).



AKA The Whistleblower

FCA continued

Therefore, the FCA establishes liability for any person who knowingly submits, or causes another person or entity to submit, false claims for payment of government funds. If the action is successful the qui tam plaintiff is rewarded with a percentage of the recovery.



AnMed Health agrees to pay \$7 Million to settle false claims act allegations, US Attorney says

September 27, 2017 - The United States [Attorney's Office] alleged that AnMed Health billed for radiation oncology services for Medicare patients when a qualified practitioner was not immediately available to provide assistance and direction throughout the radiation procedure, as required by Medicare regulations. The settlement also resolves allegations that AnMed Health systematically billed a minor care clinic as if it was an emergency department, and billed emergency department services as if they were provided by a physician when, in fact, the services were rendered by mid-level providers. Each of these billing practices resulted in higher reimbursements to AnMed Health.

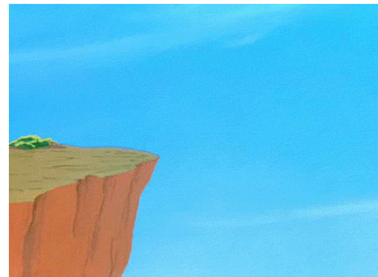
The allegations settled arose from a lawsuit filed in the Northern District of Georgia by a whistleblower formerly employed by AnMed Health, Linda Jainnney, under the whistleblower provisions of the False Claims Act. Under the Act, private citizens can bring suits on behalf of the government for false claims and share in any recovery. Jainnney will receive \$1,202,500 of the United States' False Claims Act recovery. Jainnney will also receive \$850,136.50 from AnMed Health to resolve her wrongful termination claims under the False Claims Act.

FCA continued

“Deliberate Ignorance” of the truth or falsity of the information



“Reckless Disregard” of the truth or falsity of the information



In other words, the Act is not limited solely to those who intentionally misrepresent facts—it also covers reckless conduct.

FCA continued

Examples of “deliberate ignorance” or “reckless disregard” include:

- Billing for services not provided;
- Billing for services not medically necessary;
- Billing separately for services that should be a single service;
- Lack of documentation or documentation that does not support what was billed;
- Falsifying treatment plans or medical records to maximize payments;
- Failing to report overpayments or credit balances;
- Duplicate billing.

FCA continued

The Act also permits recovery from those who “cause” misrepresentations to be made. In other words, a person may violate the law even if he or she does not actually submit the false information to the Government, but instead creates or provides false information that is then submitted to the Government by another.



FCA continued

Penalties:

- A person or organization may be liable for:
- A civil penalty between \$5,000 - \$10,000 for each false claim;
- Three times the amount of damages sustained by the Government due to the violations;
- The costs of a civil suit for recovery of penalties or damages.

Additionally California can also impose similar fines for the misuse of State funds.

FCA continued



Criminal actions are brought against fraud that involves willful misrepresentation, in either documentation or verbal statement, for financial gain. Willful misrepresentation can take many forms including:

- Deliberately falsifying documentation for payment;
- Deliberately covering up or hiding information about a false claim;
- Lying to an investigator or obstructing an ongoing investigation related to false claims action.



Fort Worth doctor headed to prison in multimillion-dollar Medicare scam



Dr. Noble U. Ezukanma, 57, was convicted on six fraud charges and one count of conspiracy after a five-day trial in March, according to the U.S. attorney's office in Dallas.

He was sentenced this week to 200 months in prison.

Former Attorney General Loretta Lynch referred to the \$50 million-plus scheme as the "largest criminal health care fraud takedown in the history of the Department of Justice."

Additional, recent headlines:

New Orleans woman convicted of conspiracy, identity theft and false statement charges for role in \$2.1 million Medicare kickback scheme

Owners of family practice medical centers in Midlands to pay government \$2 million, deny wrongdoing

Gus Bilirakis', Kathy Castor's effort cracking down on Medicare fraud gains steam on Capitol Hill

Mastermind behind scheme to bribe dozens of doctors sentenced to 8 years in prison

Medicaid Fraud recoveries of more than \$2.6 million dollars

Pawnee doctor pays \$580,000 fine to settle Medicare claim allegations

Operator of two hospitals in Queens settles for allegedly violating the False Claims Act

Keystone Behavioral Pediatrics former manager pleads guilty in federal fraud case, implicates CEO

FCA continued

The False Claims Act protects employees who are retaliated against by an employer because of their participation in a qui tam action. The protection is available to any employee who is fired, demoted, threatened, harassed, or otherwise discriminated against by his or her employer because the employee investigates, files or participates in a qui tam action.



Our Policy & Procedure, Number V.A-4B states:

Retaliation against any employee, who, in good faith reports potential or suspected compliance program violations, is unlawful and will not be tolerated. Retaliation means taking adverse action against an employee because the employee has reported a suspected inappropriate activity.

How to report suspected or known fraud:

- Your Supervisor or Manager
- Your Compliance Officer
- BHRS Compliance Hotline (leave message, Compliance Officer will get back to you):
(866) 791-9337
- California State Attorney General's Whistleblower Hotline: (800) 952-5225
- Health and Human Services Office of Inspector General Hotline: (800) 447-8477

Compliance Hotline

Personel that suspect a law, regulation or policy is being violated are encouraged to communicate the issue using the normal chain of command. If the staff member feels uncomfortable talking to the direct supervisor, he or she should voice the concern to the next supervisory level, up to and including the highest level of management. If the staff member is uncomfortable reporting a compliance concern through the normal chain of command, the concern can be reported through the Compliance Hotline.



Compliance Hotline

- The Hotline is administered by the Compliance Officer and shall include a confidential message system for after-hours calls, making it available 24 hours per day, 7 days per week.
- All calls to the Compliance Hotline are confidential and private.
- Every caller has the option to remain anonymous; the caller's phone number is not identified or traced. If the caller wishes to remain anonymous, he or she may provide a numeric code identifier so he or she may call back and ask for follow-up.
- Callers that do not leave contact information are urged to call back for follow-up. In the event more information is required, this is an opportunity for the caller to provide those details.



10/2/2017

Stand up and stretch time



Code of Ethics

The Code of Ethical Conduct (the Code) is the heart of the Compliance Program. All BHRS employees, providers, contractors and subcontractor personnel are expected to conduct themselves in a manner which reflects the values of the Department and the County. The Code articulates the basic values, ethical principles and standards expected of persons affiliated with BHRS. It is the duty of each person to follow,

without exception, the Code's principles and guard against fraud, waste and abuse.



Code of Ethics

This Code of Ethics is not intended to be an exhaustive list of all standards by which staff and contracted providers are to be governed. Rather, it is intended to convey to staff and contracted providers the department's commitment to the high standards the department has set for staff and contracted providers. The Code of Ethics has four separate sections:

- Professional Competence and Integrity
- Responsibility to Consumers
- Responsibility to the Profession
- Responsibility to Colleagues



Professional Competence & Integrity

1. All staff and contracted providers will comply with Federal, State and County laws and regulations governing the administration of services.
2. All staff and contracted providers will strive to become culturally competent – the state of being capable of functioning effectively in the context of cultural differences, including the ability to adapt practices to the cultural context of the consumer.
3. Personal problems or concerns are not to be discussed with consumers.
4. Staff and contracted providers should be sensitive to the use of appropriate language and conduct at all times.
5. Staff and contracted providers are accountable for their decisions and actions, and must maintain a high standard of personal honesty and integrity in every phase of daily practice.

6. Staff and contracted providers may not accept any gifts or favors for their services beyond minor, social courtesies that have little or no significant value.
7. Staff and contracted providers shall promptly report any activity which they believe may violate the policies and procedures or any other applicable law, regulation, rule or guideline, in accordance with the reporting procedures set forth in said policies and procedures.
8. Staff and contracted providers shall comply with not only the letter of policies and procedures, but also with the spirit of those policies and procedures.
9. Staff and contracted providers are accountable for their decisions and actions, and must maintain a high standard of personal honesty and integrity in every phase of daily practice.
10. Staff and contracted providers are expected and required to report to work in appropriate mental and physical condition for work

Responsibility to Consumers

1. Staff and contracted providers render care in a manner that enhances the personal dignity and rights of each consumer.
2. Staff and contracted providers will provide appropriate mental health services in a timely fashion and according to their scope of practice that are designed to enhance the recovery of the consumer.
3. Staff and contracted providers will provide information on available treatment options and alternatives, presented in a manner appropriate to the consumers condition and ability to understand.
4. Consumers should not be discriminated against based upon race, color, religion, gender, disability, sexual orientation, age, socioeconomic, or marital status.
5. Staff and contracted providers will not use any form of restraint, threat or seclusion as a means of coercion, discipline, convenience or retaliation.

Responsibility to Consumers

6. Staff or contracted providers will encourage and allow the consumer to participate in decisions regarding his or her health care, including the right to refuse treatment.
7. Staff and contracted providers will inform the consumer of his or her rights, offer and provide Informing materials upon request.
8. Staff and contracted providers are aware of their influential position with respect to consumers, and they avoid dual relationships that may exploit the trust and dependency of such persons.
9. Sexual intimacy with a consumer, or a consumer's spouse or partner during the treatment period, or during the two years following the termination of treatment by the treating agency is unethical.
10. Staff shall adhere strictly to the established rules of confidentiality of all records, materials and knowledge concerning persons in accordance with all current government and program regulations.

Responsibility to the Profession

1. Staff and contracted providers recognizes the boundaries of their job descriptions and will not engage in activities outside his/her scope of practice and training.
2. Staff and contracted providers will perform their duties in a manner designed to bring credit to the treating agency.
3. When acting as a private individual, the staff or contracted provider will do everything within his/her means to separate his/her private actions from those of being a representative of, or representing the department.
4. Staff will strive to regularly evaluate their own skills, strengths, limitations, biases and level of effectiveness, striving for self-improvement and seeking personal growth and increased knowledge through further education training and daily interaction.

Responsibility to Colleagues

1. Staff should show personal and professional courtesy toward each other and respect the other units, realizing that we are one agency trying to work together.
2. Staff is encouraged to respect the confidences of colleagues that are shared in the course of their professional relationships.
3. Staff is encouraged to be sensitive to colleagues who are impaired due to addictive illnesses, emotional problems, medical or mental illness.
4. And always....



Be excellent to each other.

Code of Ethics

Your signature

10/2/2017