Provider Training Series
The Search for Compliance

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Training #8 – Compliance Topics related to Staffing Requirements

Melissa Hooks, Director of Program Integrity (Compliance)
Compliance

Introduction
Why Compliance?

• Required by Law
• Avoid High Risk to Individuals & Agencies:
  – False Claims Act
    • Exclusion from participation in any federal programs
    • Prison
    • Corporate Integrity or Deferred Prosecution Agreement
    • Criminal: $250,000 individuals/$500,000 companies
    • Civil: $11,000/claim, plus 3x the amount of each claim
  – HIPAA/HITECH Act—Civil & Criminal Penalties based on intent
  – Sanctions/loss of contracts
  – State False Claims Acts & Privacy/Security Laws
  – Impaired business reputation
  – Financial loss from provider billing errors & potential fraud.
CMS Compliance Program

1. High level support & authority
2. Written standards
3. Training & education
4. Culture of open communication
5. Monitoring & auditing
6. Consistent enforcement & discipline of violations
7. Appropriate response to detected problems
8. Effective compliance program
OIG Compliance Resources

• Health Care Fraud Prevention & Enforcement Action Team (HEAT) Provider Compliance Training
    • Report Fraud to OIG
    • OIG Self-Disclosure Protocol
    • Importance to Documentation
    • Tips to Implementing an Effective Compliance Program
    • Compliance Program Basics
    • Exclusions
    • False Claims Act
    • Tips & Guidance for Practices & Physicians
Presentation Objectives

• **Staffing Requirements**
  – Credentials
    • Licenses
    • Education
    • Previous Experience
  – Background Screenings
    • Exclusions from Medicare &/or Medicaid
    • Criminal Background Checks

• **Auditing & Monitoring Staffing Requirements**
  – Provider Self Audits
Staffing Requirements
Staffing Requirements

- License Verification
  - PA Department of State [http://www.licensepa.state.pa.us](http://www.licensepa.state.pa.us)
    - Medicine
      - Doctors
      - Behavioral Specialist
    - Psychologists
    - Social Workers
      - Social Worker
      - Clinical Social Worker
      - Marriage & Family Counselor
      - Professional Counselor
  - Disciplinary actions against the licenses will be referenced
Staffing Requirements

• Education Verification
  – Copy of Transcript & Degree
  – Verification from University/College
• Accreditation
  – PA Department of Education
    • http://www.education.state.pa.us/portal/server.pt/community/accreditation/7351
  – US Department of Education – Accreditation Information
    • http://www2.ed.gov/admins/finaid/accred/index.html
  – US Department of Education – Accreditation Search
    • http://ope.ed.gov/accreditation/Search.aspx
Staffing Requirements

• Previous Experience
  – CV &/or Resume
    • Verification of Employments
    • Verification of Certifications
    • Verification of References
    • Verification of Trainings
Background Screenings
Background Screenings

• Exclusions from Medicare &/or Medicaid
  – 42 CFR 1001.1901 (b)
    • No payment will be made by Medicare, Medicaid, or any other Federal Health Care program for any item or service furnished, by an excluded individual or entity, or at the medical direction or on the prescription of a physician or other authorized individual.
Background Screenings

• Exclusions from Medicare &/or Medicaid
  – MA Bulletin# 99-11-05:
    • No Medicaid payments can be made for any items or services directed or prescribed by an excluded physician or other authorized person when the individual or entity furnishing the services either knew or should have known of the exclusion.
    • This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner or supplier that is not excluded.
Background Screenings

• Exclusions from Medicare &/or Medicaid
  – MA Bulletin# 99-11-05:
    • This payment ban applies to any items or services payable under a Medicaid program that are furnished by an excluded individual or entity, & extends to:
      – all methods of reimbursement, whether payment results from itemized claims, cost reports, fee schedules, or a prospective payment system;
      – payment for administrative & management services not directly related to patient care, but that are a necessary component of providing items & services to Medicaid recipients, when those payments are reported on a cost report or otherwise payable by the Medicaid program; and
      – payment to cover an excluded individual's salary, expenses or fringe benefits, regardless of whether they provide direct patient care, when those payments reported on a cost report or are otherwise payable by the Medicaid program.
Background Screenings

• Exclusions from Medicare &/or Medicaid
  – Websites to check:
    • OIG: http://exclusions.oig.hhs.gov/
    • PA DPW MediCheck: http://www.dpw.state.pa.us/publications/medichecksearch/index.htm
    • Federal SAM Database: https://www.sam.gov/portal/public/SAM/
Background Screenings

• Background Checks for Children Services
  – All of the following must be completed:
    • Federal Fingerprint Clearance
    • State Child Abuse Clearance
    • PA Criminal Background Clearance
  – Clearances are valid for 1 year
  – Clearances must be completed prior to providing services to children
Provider Audit Process
Provider Audit Process

• Develop policies & procedures to screen all employees & contractors
  – Initial Submission & Verification
    • Required by regulations
    • According to policies
  – Periodic Reviews
    • Exclusions lists should be checked monthly recommending by bulletin
    • Clearances should be reviewed periodic according to policy standards
    • Licenses should be reviewed periodic according to policy standards
Provider Audit Process

- Verification from Sources
  - PA Board of State – License Website
  - Education Verification through University/College & Accreditation Website
  - Employment Verification
  - Exclusion Websites
Provider Audit Process

• Conduct self-audits
  – Periodically, conduct self-audits to determine compliance with all requirements
  – Self-audits should be different than scheduled periodic reviews
Provider Audit Process

• Self-report any discovered discrepancies or exclusion, immediately
  – VBH-PA with the self-audit form
    • http://www.vbh-pa.com/fraud_abuse.htm
  – Bureau of Program Integrity, with the MA Provider Compliance form
    • http://www.dpw.state.pa.us/learnaboutdpw/fraudandabuse/maprovidercompliancehotlineresponseform/index.htm
Provider Audit Process

• Maintain all documentation
  – Policies & procedures
  – Screening efforts (employees & dates)
  – All identified/discovered exclusions
  – Auditable documentation
FWA Cases Related to Staff Requirements
Case #1 – License Issue

- Clinician falsified out-of-state license
  - Clinician used a copy of another psychologists license
  - Provider agency identified through self-audit process
  - Provider agency conducted self-audit & could not verify license
  - Provider agency required to return overpayments

- TIP: All states have a website to check out of state licenses
Case #2 - Accreditation Issue

• Clinician had a master’s degree from a non-accredited university
  – Degree was from non-accredited university
  – VBH-PA discovered in an audit
  – Provider agency was responsible to return all claims paid for services provided by clinician

❖ TIP: Providers should ensure that the University/College is accredited
Case #3 - Exclusion Issue

- Clinician was on the excluded list
  - Provider agency began to check exclusion lists after the bulletin was released
  - Provider agency discovered clinician on the excluded list
  - Provider agency conducted self-audit & disclosed results to VBH-PA
  - Provider agency was responsible to return overpayments

- TIP: Providers should check exclusions list at time of hire & on a periodic basis (DPW recommends on a monthly basis)
Thank You

Presented by Melissa S. Hooks, DHCE(c), MS, AHFI, CFE
Director of Program Integrity (Compliance)
Melissa.Hooks@valueoptions.com