

COMPLIANCE POLICY IN-SERVICE EXAM

Staff must receive a 100% on this exam to be considered in compliance. Please complete the exam and return to Christina Kennedy or your coordinator prior to February 16, 2018.

1. Healthcare fraud in America is close to \$100 billion dollars per year and fraud schemes continue to grow in complexity and seriousness.
 - a. True
 - b. False
2. Consistent training on fraud, waste, and abuse will help us as an agency to do what?
Circle all that apply
 - a. Prevent issues of noncompliance
 - b. Detect issues of noncompliance
 - c. Protect against issues of noncompliance
 - d. Correct issues of noncompliance
3. Having a written compliance policy allows us to proactive instead of reactive to issues of noncompliance.
 - a. True
 - b. False
4. Who currently is the compliance officer at Loving Care?
5. Which are examples of internal monitoring of the compliance plan?
 - a. Chart Audit and Reviews
 - b. Claim Audits
 - c. Visit/Payroll Identification
 - d. All of the above!
6. Which of the following is not part of an effective compliance policy?
 - a. Written Policies and Procedures
 - b. The Compliance Officer
 - c. Effective Communication
 - d. External Monitoring
7. An example of abuse would be submitting a claim and receiving payment for a nurse visit but not having sufficient documentation to support the visits.
 - a. True
 - b. False
8. Match the word to the correct definition:

| | | | |
|----------|--|--|---|
| A. Fraud | | | Overutilization of services that directly or indirectly result in unnecessary costs to Medicare. |
| B. Waste | | | The person performing the action must have the intent of wrong doing and the knowledge that the actions were wrong. |
| C. Abuse | | | Payment for services when there is not a legal entitlement. Actions were not knowingly and intentionally. |

9. If you suspect noncompliance you should?
 - a. Contact the Compliance Officer
 - b. Ignore the issue...it is not your problem and what if you wrongly accuse someone??
 - c. Complete an anonymous reporting form.
 - d. Both a and c are correct.
10. Loving Care is legally permitted to retaliate against any employee who reports a potential issue of noncompliance.
 - a. True
 - b. False
11. Technical compliance is a high clinical risk area for both hospice and home health.
 - a. True
 - b. False
12. Which of these is a main risk area associated with billing?
 - a. Authorizations for Care
 - b. Documentation
 - c. Improper Payment
 - d. All of the Above
13. The False Claims Act strictly prohibits presenting a false claim for payment or approval.
 - a. True
 - b. False
14. The False Claims act strictly prohibits: (circle all that apply)
 - a. Presenting a false claim for payment.
 - b. Paying physicians for referrals.
 - c. Providing gifts of \$10 or more to referral sources.
 - d. Making or using a false record to support false claims.
15. Please list three examples of the False Claims Act:

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| 1. |
| 2. |
| 3. |
16. Which of the following are laws that govern referral compliance? Circle all that Apply
 - a. Anti-Kickback Statute
 - b. False Claims Act
 - c. Stark Law/Physician Self-Referral
 - d. Patient Freedom of Choice Act
17. The Anti-Kickback Statute says that we basically cannot ask for or receive anything of value to induce or reward referral sources.
 - a. True
 - b. False

18. The agency may provide an item or service to a referral source that has a monetary value of:

- a. \$20 or less/no more than \$100 per year.
- b. \$100 or less/no more than \$1000 per year.
- c. \$10 or less/no more than \$50 per year.
- d. None of the above

19. Please list three of Loving Care's Standards of Conduct and Ethics: (See Below)

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| 1. |
| 2. |
| 3. |

20. **Case Study:** Cynthia's job is to make sure that we have face to face documents for all Medicare patients. One day she receives a face to face document that is perfect...except the doctor forgot to sign the form. Christina (supervisor) tells Cynthia to just scribble on the signature line (you can't read doctor's signatures anyway) so that she can bill the claim. What should Cynthia do?

- a. Do what is asked of her and sign the document.
- b. Report the incident to the Compliance Officer.
- c. Call law enforcement.
- d. Call Medicare to report the issue.

Employee Name: _____

Date Completed: _____

Loving Care's Standards of Conduct and Ethics

As a representative of The Loving Care Hospice, Inc., you shall abide by the following standards of conduct and ethics:

- Bill only for items or services that were actually rendered.
- Provide and bill for only medically necessary services.
- Avoid duplicate billings.
- Provide only accurate information for cost reporting.
- Promptly refund all credit balances.
- Do not offer incentives to actual or potential referral sources that violate the anti-kickback statute or other similar federal or state statute or regulation.
- Do not participate in a joint venture between parties...one whom can refer Medicare/Medicaid business to the other.
- Abide by the Stark Law and the Physician Self-Referral Law.
- For Medicare and Medicare Advantage plan patients, bill only for home health services where a criterion for homebound status has been clearly documented.

- Bill only for hospice services where the patient's terminal prognosis has been clearly documented.
- Bill only for visits to patients who are receiving qualifying services.
- Do not participate in the acts of over-utilizations or under-utilizations of services.
- Do not knowingly provide or bill for inadequate or substandard care.
- Document sufficiently as evidence that the service was performed and as support for reimbursement.
- Bill only for allowable costs of home health coordination.
- Bill only for services provided by a qualified and licensed clinical professional.
- Do not falsify amendments to clinical notes.
- Do not falsify plans of care.
- Do not accept untimely and/or forged physician certifications on plans of care.
- Do not accept forged beneficiary signatures on visit documentation that verify services were performed.
- Do not participate in improper patient solicitation activities and high-pressure marketing of uncovered or unnecessary services.
- Provide adequate management and oversight of subcontracted services which will result in proper billing.
- Do not participate in discriminatory admissions and discharges of patients.
- Do not participate in compensation programs that offer incentives for number of visits performed and revenue generated.
- Do not participate in patient abandonment in violation of applicable statutes, regulations, and federal health care program requirements.
- Do not misuse provider certification number which can result in improper billing.
- Carefully monitor services provided by assisted living facilities, hospitals, clinics, physicians, and other home health and hospice agencies as to not duplicate services.
- Do not knowingly and recklessly disregard a willing and able caregiver when providing home health services.
- Adhere to hospice licensing requirements and also to the Medicare conditions of participation for hospices and home health agencies.
- Support each other and communicate openly and honestly.
- Take accountability for all words and actions.
- Work cooperatively and respectfully with each other.
- Avoid appearance of impropriety.
- Disclose all Conflicts of Interest.
- Maintain company and patient confidentiality.
- Respect the rights of each other and our patients.
- Guard against patient neglect and abuse.