**Care & Help, LLC. Home Care Agency**

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**Compliance Learning Guide**

What is Compliance?

* Being aware of legal and ethical responsibilities
* Abiding by all laws, regulations, and our Code of Conduct
* Promoting ethical behavior
* Recognizing areas of vulnerability
* Reporting concerns or suspicious / improper activities

Seven Elements of an Effective Compliance Program

* Compliance Leadership
* Standards and Policies
* Training and Education
* Process for Reporting Compliance Issues
* Auditing and Monitoring
* Responding to Reports
* Enforcing Standards Through Disciplinary Guidelines

Benefits of Effective Compliance Programs

* Demonstrates commitment to honest and responsible conduct
* Increases the likelihood of preventing, identifying, and correcting unlawful behavior
* Avoids the potential for fraud, waste, and abuse
* Improves claim payment rate and reduces billing errors
* Encourages employees to report potential issues
* Early detection and reporting minimize financial losses
* Promotes patient safety and ensures delivery of high-quality care

Anti- Kickback Statue

* The Anti -Kickback Statute The Anti-Kickback Statute says you may not knowingly offer, pay, seek, or receive anything of value in return for, or to induce the referral of, items or services.
* This means we may not give or receive anything of value in exchange for referrals to our business (e.g. patient services) or someone else’s business (e.g. a supply vendor).

Patient Inducement

* Patient Inducement Federal law states that healthcare providers cannot influence a person’s choice of where to receive care by giving or offering the person anything of value that is likely to influence their choice of healthcare provider.
* Giving or offering something to someone means providing the item for free or charging
* Examples of inappropriate inducement include giving or offering cash (e.g. cash value or in-kind), items (e.g. prizes, gifts, or giveaways), services (e.g. transportation), or waivers of copayments or deductible amounts.

False Claims Act

* The False Claims Act The False Claims Act applies to fraud involving federal and state health care programs like Medicare and Medicaid.
* Any person who knowingly presents, or causes to be presented, a false or fraudulent claim may be held liable.
* We have a responsibility to ensure that we bill accurately for the care we provide. All claims or bills must be supported by complete and accurate documentation.

Fraud, Waste and Abuse Fraud

* Fraud, Waste, and Abuse Fraud, waste, and abuse (FWA) all result in unnecessary or inappropriate costs to federal healthcare programs.
* Waste is unnecessary costs as a result of improper management, practices, or controls.
* Abuse is excessive or improper use of government resources.
* Fraud is obtaining something of value through intentional misrepresentation or hiding material facts. Each of us must know how to recognize, prevent, and report FWA within our network so that federal funds can be available to pay for care that our patients need.

HIPAA

* HIPAA is The Health Insurance Portability and Accountability Act (HIPAA)
* HIPAA states that health care providers must safeguard the privacy and security of the protected health information (PHI) of the patients that they treat.

Examples of Protected Health Information (PHI)

* Names
* All geographic identifiers
* All elements of dates
* Telephone numbers
* Fax numbers
* Electronic mail (e-mail) addresses
* Social Security numbers
* Medical record numbers
* Health plan beneficiary numbers
* Account numbers
* Certificates/ License Numbers
* Vehicle identifiers (e.g. tag numbers)
* Device identifiers and serial numbers
* URL numbers
* IP address numbers
* Biometric identifiers, including finger and voice prints
* Full face photographic image

Recap of Compliance

* Compliance training refers to the process of educating employees on laws, regulations and company policies that apply to their day-to-day job responsibilities.