

CORPORATE COMPLIANCE MATTERS

By: MICHAEL A. SMITH, CCS, CCE, EVERCARE BI-MONTHLY NEWSLETTER, February 25, 2021, VOL. 5, #26

COMPLIANCE ****SPECIAL EDITION**** HOTLINE: 844/371/4700 Page 1 of 2

Q & A's:

1] Q. I sent an email to the wrong contracted provider. What do I do?

A. Immediately recall the message by opening up the sent email; click on Message tab; select Actions then Recall message. You will be notified if successful or not. In addition, contact provider to delete message and confirm. Immediately notify Compliance or Supervisor.

2] Q. Why do I have to use "SECURE" in the subject line of an email to our providers?

A. It is necessary to use "secure" as it will guarantee a safe email transmission to the provider, for all PHI identifiers, that are not automatically secured.

ENTER WORD PUZZLE FOR CHANCE TO WIN GIFT CARD!!

SEE REVERSE SIDE FOR DETAILS!!

EVERCARE does not discriminate based on race, color, religion, sex and national origin; but did you know that we would never discriminate based on [potential] member characteristics like diagnosis and/or the acceptance of referrals? Discrimination has negative consequences for both the individual and the healthcare worker leading to higher risks of illness and, in some cases, lower standards of care. The COVID19 pandemic draws attention to this very issue. EverCare is committed to treating all patients, members, clients equally.

MISSING SKILLED SERVICES FOR MLTCP: NYS DOH requirements exist for eligibility: 1] Medicaid Eligible; 2] Nursing Home Level of Care five [5] or greater and a need for skilled service longer than 120 days. While there are few exceptions made that would still make a Member eligible, if one of these are missing at any point in time, if one becomes missing, usually the eligibility on our Plan is no longer valid and we are in violation of DOH contract. It is everyone's responsibility to make sure these are in place! Skilled services need to be rendered as authorized, checked for fraud, waste and abuse purposes and general overall good Member care. Remember, if any staff becomes aware of a Member not receiving services as authorized, you must immediately adjust the authorization to reflect this information and bring it to your Supervisor's attention. This applies anytime to speak to a member and this information is brought to light. For example, you find out an Aide did not show or the Member does not recall it. The staff person must call the vendor to verify the dates of service rendered **and report it if service not provided.**

Contributed by Marcy Reposa, CCO

RED FLAGS IN THE AGE OF PHISHING - It is EverCare's expectation of all employees to ensure awareness and vigilance to identify phishing emails. This can greatly reduce the risk to our organization and for any of us to fall prey to such an attack. What are some steps? **1]** Evaluate email messages especially if received from an unexpected source; **2]** they are unsolicited emails; **3]** It is a mismatch of email sender to the email address – you can tell by right clicking the sender name to ensure the email address is accurate and compare to where it came from and check on the content of the email; **4]** suspicious attachments; **5]** poor grammar or punctuation; **6]** avoid clicking directly on website links in emails by typing the address into your browser especially if the link does not look right or is different when you have your mouse hover over it!

MEDICAL RECORDS REQUESTS cannot be processed without the appropriate document. The only appropriate form to be used is called the "Authorization for Release of Health Information Pursuant to HIPAA" commonly referred as form #960. Answer each question and provide support documents such as Power of Attorney. Once completed, provide it to the Compliance or the Executive Office for final review.

TRUE OR FALSE QUIZ: Does information that includes a member, patient or client current and future health condition have to be protected by you? Answer: Yes, it is PHI.

**WIN A PRIZE!
THE FIRST TWO [2]
CORRECT RESPONSES
WILL RECEIVE AN
ADAMS \$25 GIFTCARD!!**

Submit your **answers** to the Compliance office via email **by THURSDAY, March 4, 4 pm.** Complete the word puzzle below:

HINT: All answers are on page 1:

Fill in word: Your Answer
P_i_s_i_ _____

_k_l_e_ _____

E_i_o_e _____

_l_a_ _____

MASH-UP:

“Services provided must be authorized and real, if not the weight of NYS you will feel. Be sure to know the rules, we can help you with the tools. Achieve self-reliance and you will achieve success in compliance.”

Thanks to Lynn Barrett, Esq., CCP

TERMS TO KNOW:

Outcome & Assessment Information Set [OASIS]: a group of data elements developed by CMS that represents core items of an assessment for adult home care patients. It forms the basis for measuring a patient’s outcomes and to determine the agency’s reimbursement and utilized by our CHHA upon enrollment.

Uniform Assessment System [UAS]: is a comprehensive assessment system in order to evaluate an individual’s health status/strengths and to guide the development Plan of Care [POC] for the person and utilized by our MLTCP upon enrollment.

Value Based Payments [VBP]: rewards healthcare providers with incentive payments for the quality of care given to people who are on Medicare with three [3] goals: 1] better quality; 2] better health; 3] lower overall cost. VBP is based on **quality rather than the quantity of care given to patients.**

CHHA Charity Care Program designed to assist those in need of care who have no funds, no insurance. Covers services only.

Community Health Accreditation Partner [CHAP]: In 2018, CHAP accredited EverCare’s CHHA Program for three [3] years. CHAP, is the deeming authority for home care by CMS and has regulatory authority to survey agencies to determine if they meet Medicare Conditions of Participation and CMS Quality Standards. CHSP defines, verifies and advances the highest quality of home and community-based care through its standards, accreditation, education and research. Our CHHA should be very proud of this accomplishment!

Health Ethics Trust [HET]: In 2019, HET certified EverCare’s Corporate Compliance Program for three [3] years. HET established Healthcare Compliance Program Certification as a peer review process conducted according to published standards. Peer reviewers are working compliance professionals who have been trained as reviewers. The entire Compliance Program Certification process is overseen by the most distinguished group in healthcare compliance, the Fellows of the Health Ethics Trust. EverCare is proud to have successfully completed the Compliance Program Certification process!

TIPS: when using any of EverCare’s three [3] copiers, remember:
1] Be sure you are not inadvertently removing any other documents that are not yours. 2] Shred PHI documents without delay and as appropriate. 3] Always protect your passwords - do not share or provide your password to anyone.

COMPLIANCE PROGRAMS are undergoing a fundamental shift. According to HET, Corporate Compliance Programs have been policy process oriented. Today, it is more risk-based. This requires for healthcare organizations to be fully aware of risks in daily operations. Risk is a critical part of the Compliance Plan and carried out with our Corporate Compliance Committee.