GUIDANCE FOR AVOIDING FRAUD, WASTE, AND ABUSE:

A PRESENTATION FOR NEW JERSEY PERSONAL CARE AGENCIES

STATE OF NEW JERSEY
OFFICE OF THE STATE COMPTROLLER

July 26, 2023

Welcome to the presentation. We will begin momentarily.

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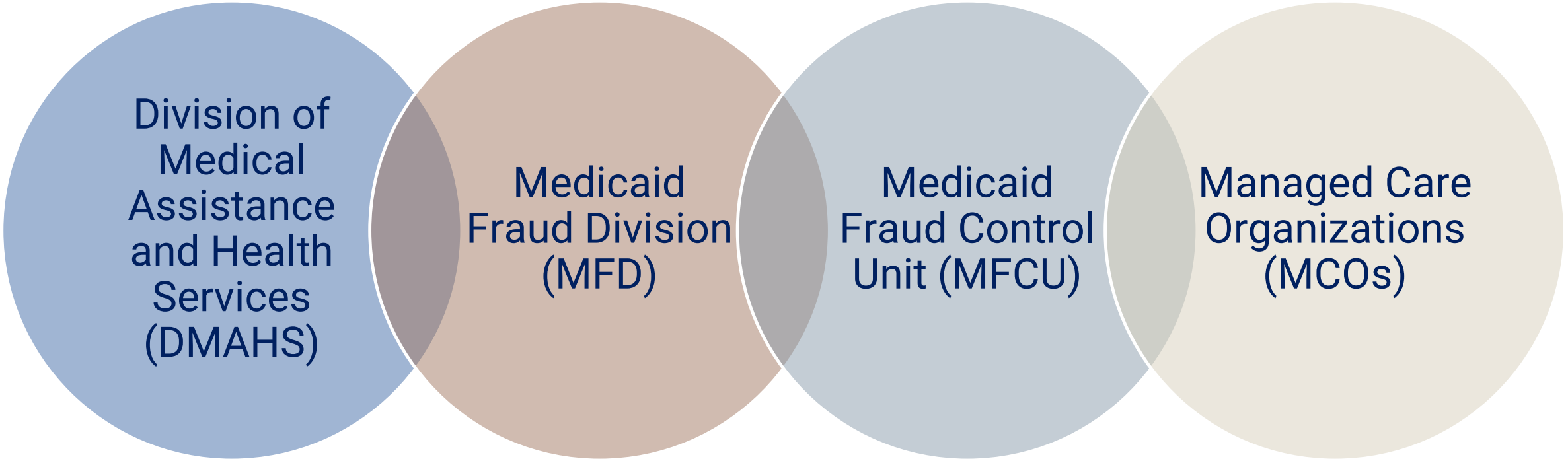
PRESENTED IN PARTNERSHIP BY:



BEFORE WE BEGIN…

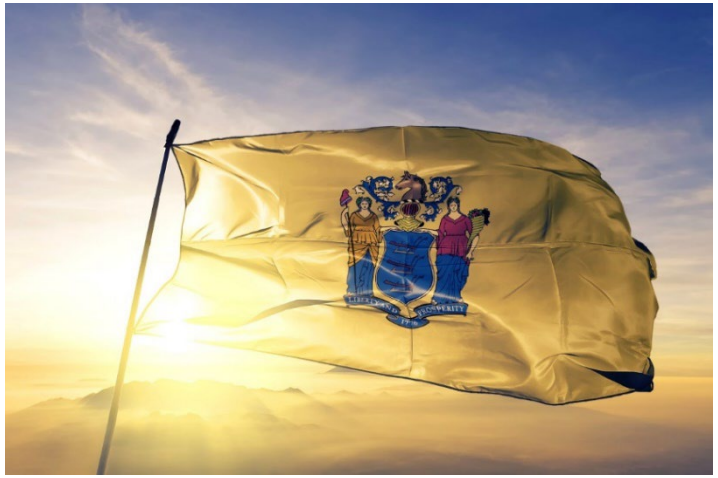
THANK YOU

for participating in the

NJ FamilyCare program!

DISCLAIMER

- This presentation is intended for general educational purposes only.
- It does not replace your responsibility to seek professional guidance, observe all laws and regulations that pertain to your practice as a Medicaid provider and exercise sound, independent, professional judgment.



MEDICAID (NJ FAMILYCARE)

- Throughout this presentation the words Medicaid and NJ FamilyCare may be used interchangeably.
- NJ FamilyCare is the name of the Medicaid Program in New Jersey, and includes Medicaid, the Children's Health Insurance Program (CHIP), and Medicaid expansion, with services provided through the State and the five Medicaid Managed Care Organizations (MCOs).

GOALS FOR TODAY: TO HELP YOU BETTER UNDERSTAND

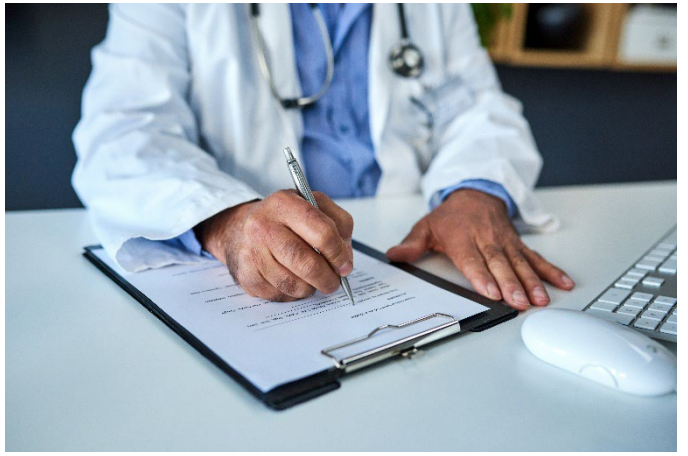
- The Medicaid regulatory framework and program integrity oversight
- Personal Care Agency provider's responsibilities for Medicaid compliance including Electronic Visit Verification
- Medicaid documentation requirements for payment
- Provider obligation to avoid fraud, waste or abuse of Medicaid funds
- Consequences for non-compliance

QUESTIONS?

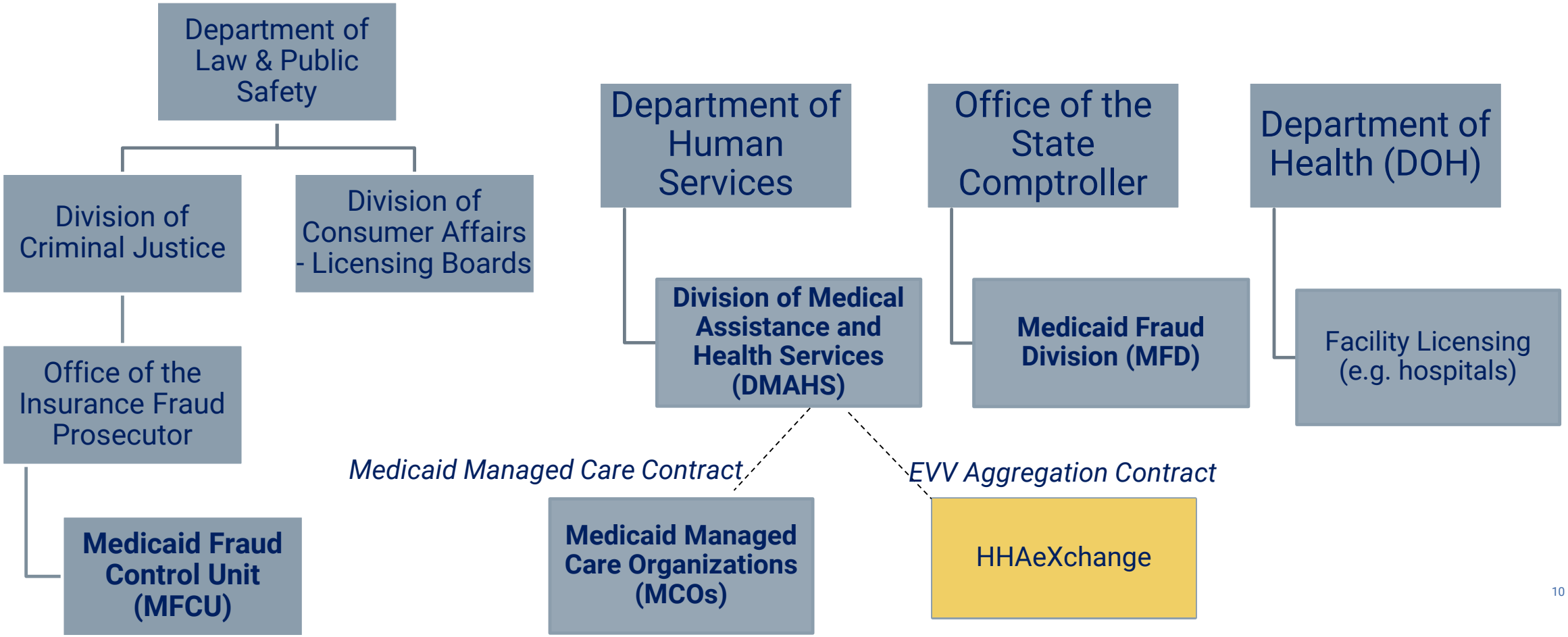
If you have questions throughout the presentation please put them in the Q & A.

WHAT IS MEDICAID?

- Medicaid is a joint Federal and State program that provides funding for medical costs and specialized services for eligible individuals.
- Medicaid participation is voluntary. If you want to participate, you must know, accept and abide by the rules and regulations. Your continued participation requires compliance with the regulatory requirements.



NEW JERSEY AGENCY ADMINISTRATION AND MEDICAID OVERSIGHT



MEDICAID MANAGED CARE CONTRACT

- DMAHS has a contract with the following Medicaid Managed Care Organizations (MCOs):

  - Aetna Better Health of New Jersey
  - Amerigroup New Jersey, Inc.
  - Horizon NJ Health
  - UnitedHealthcare Community Plan
  - WellCare Health Plans of NJ, Inc. (name changing to Fidelis Care as of August 1, 2023)

GUIDING REGULATIONS, NEWSLETTERS, AND BACKGROUND CHECKS

Presented by: The Division of Medical Assistance & Health Services

PROVIDER ENROLLMENT – 21ST CENTURY CURES

- The 21st Century Cures Act, 42 U.S.C. 1396u-2(d), requires that network providers complete the 21st Century Cures Act provider application.
- All Fee For Service (FFS) and MCO Enrolled providers are required to submit a completed 21st Century Cures Act application to Gainwell Technologies. Providers under contract with multiple MCOs are only required to submit a single 21st Century Cures Act application to Gainwell.
- To download a 21st Century Cures Act application, go to:
  - www.njmmis.com
  - Select “Provider Enrollment Applications”
  - Select **21st Century Cures Act Application** as the “Provider Type”

https://www.njmmis.com/providerEnrollment.aspx

GUIDING REGULATIONS

As a New Jersey Medicaid Enrolled providers, it is your responsibility to observe all state and federal regulations regarding Home Health Providers

- Regulations stipulate:
  - Who can provide services
  - Member eligibility for services
  - Limits on services
  - Allowable vs. non-allowable services
  - Documentation requirements
  - Frequency guidelines
  - Billing codes Note: (FFS code and rate information can on: www.njmmis.com, MCO specific information is outlined by MCOs)

NEWSLETTERS

- Medicaid Newsletters are used to introduce new programs or services, pending regulatory updates or general program guidance.
- Newsletters can be found on www.njmmis.com.
- Newsletters are searchable by provider type and subject.

NEWSLETTER UPDATE

HTTPS://WWW.NJ.GOV/HUMANSERVICES/DMAHS/INFO/EVV.HTML

- **Newsletter Volume 31, No. 1**

Subject: EVV Claims Payment for all Medicaid/NJ FamilyCare Fee-for-Service (FFS) and Managed Care Organization (MCO) Providers Billing for PCA Services subject to the EVV mandate of the Federal 21st Century Cures Act

- **Newsletter Volume 33, No. 11**

Subject: Updated Billing Policy for Home Health Care and Personal Care Services – DDD PCAs

- **Newsletter Volume 33, No. 12**

Subject: EVV Claims Payment for all Medicaid/NJ FamilyCare Fee-for-Service (FFS) and Managed Care Organization (MCO) Providers Billing for Home Health Care Services subject to the EVV mandate of the Federal 21st Century Cures Act

- **Updated EVV FAQ will be available as Medicaid Newsletter** – check NJMMIS website after August 1st

QUALIFICATIONS AND BACKGROUND CHECKS

Provider is responsible to verify and maintain a copy of documentation that:

- Staff is qualified and trained Certified Home Health Aide (CHHA)- verify credentials, certification and licenses.
- Ensure that new or potential staff have no disqualifying criminal issues before permitting provision of services.

Criminal History Background Checks

- Completion of the criminal history background check is the #1 reason for delays with CHHA applications.
- Schedule fingerprinting appointment as soon as instructions are received (emailed an average of 1-3 days following online application submission).
- Background check results are provided to the Board by vendor an average 1-3 weeks from the date of fingerprint appointment.
- https://www.njconsumeraffairs.gov/hhh/Pages/Phases-and-Timelines.aspx

NJ BOARD OF NURSING REGULATIONS – PCA OVERVIEW

Presented by: Horizon NJ Health

NJ BOARD OF NURSING REGULATIONS

A Consumers Guide to Homemaker-Home Health Aides

- **"CHHA":** Employed by a home care services agency and who, under supervision of a registered professional nurse, follows a delegated nursing regimen or performs tasks which are delegated.
- **"Licensed"**: means holding a valid, current New Jersey license, certification or registration, required by law as a precondition to the practice of a regulated profession or occupation.
- **"Personal care services":** means those tasks for the purpose of assisting a patient with the activities of daily living, including assisting with feeding, toileting, bathing, dressing, grooming, transferring, ambulation, exercise or other aspects of personal hygiene. These services are a subset of health care services. "Personal care services" do not include tasks:
  - Relating to housekeeping, meal preparation, shopping, laundry, cleaning or transportation
  - Services which may be performed by unlicensed persons

NJ BOARD OF NURSING REGULATIONS

- The New Jersey Board of Nursing regulates CHHAs
- Certified only after successfully completing a required training program, a competency evaluation and a criminal history background check.
- The NJ Board of Nursing is mandated to protect the health, safety and welfare of NJ residents. The NJ Nurse Practice Act mandates the Board to:
  - Prescribe standards and curricula for CHHA education and training programs; review and approve training programs; and suspend or revoke program approvals as warranted.
  - Require that a Registered Professional Nurse (R.N.) develop and supervise the plan of care implemented by the CHHA.
  - Certify CHHAs when the required training course is successfully completed and a promise of employment is provided to the Board from a NJ licensed home health care agency.
  - The CHHA must renew his or her certificate every two years.
  - When warranted, the Board may suspend or revoke a CHHA certification.
  - Conduct criminal history background checks on all CHHAs applying for certification and renewal of certification.
  - Establish and maintain a registry of individuals who complete the required training and have been certified.

NJ BOARD OF NURSING REGULATIONS

The CHHA Must Meet These Requirements:

1. Completion of a Homemaker-Home Health Aide course approved by the New Jersey Board of Nursing.
2. Successful completion of a competency evaluation by a New Jersey-licensed home health care services agency.
3. Hold a current and valid certification by the New Jersey Board of Nursing as a Homemaker-Home Health Aide. The certificate will have a State of New Jersey Seal and date of expiration; certificates expire every two years.
4. Completion of the federal and state criminal history background checks.
5. Employment by a home care services agency.
6. Supervision by a licensed Registered Professional Nurse.

NJ BOARD OF NURSING REGULATIONS

Certified Nurse Aide (CNA): This certification is for Nurse Aides who work in nursing homes and assisted living facilities.

- This certification cannot be substituted for the New Jersey Board of Nursing's CHHA certification.

Housekeeper or cleaning service: Not certified to provide personal or health care services, but may provide housekeeping services.

Companion: Not certified to provide personal or health care services, but may provide light housekeeping and services not related to health care.

More information found at:

https://www.njconsumeraffairs.gov/hhh/Documents/A-Consumers-Guide-to-Homemaker-Home-Health-Aides.pdf

NJAC REGULATIONS

TITLE 13 LAW AND PUBLIC SAFETY CHAPTER 45B SUBCHAPTER 14 HEALTH CARE SERVICE FIRMS

13:45B-14.4 DUTY TO REFER ONLY LICENSED INDIVIDUALS:

a) When licensure to perform a health care service or function is required by law, an agency shall refer or place only those health care practitioners **who are currently licensed or certified and in good standing with their respective New Jersey licensing or registration boards.**

and;

c) The agency shall, through its health care practitioner supervisor or other designated individual, **verify the license status of each individual to be placed or referred prior to the referral or placement.** Licensure shall be verified by obtaining a document, which verifies licensure from the Board or Committee that registers or licenses the individual and, within 45 days of obtaining the verification, by personally inspecting the current biennial registration or license or a copy of the current biennial registration or license.

https://www.njconsumeraffairs.gov/regulations/Chapter-45B-Subchapters-13-14-Health-Care-Service-Firms.pdf

ELECTRONIC VISIT VERIFICATION (EVV)

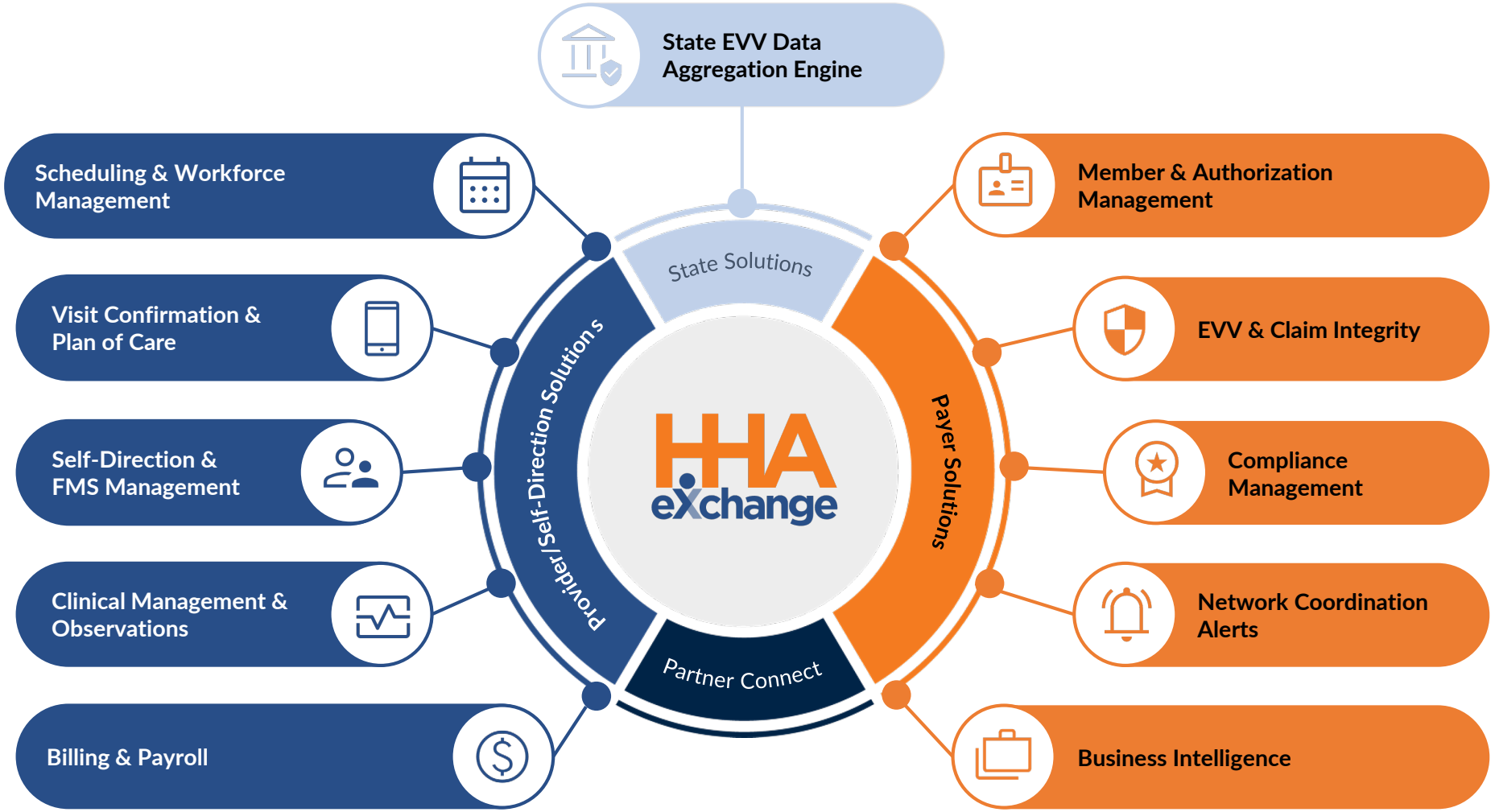
Presented by: The Division of Medical Assistance and Health Services on behalf of HHAeXchange

Cures Act Mandated EVV

Section 12006 of the 21st Century Cures Act requires states to implement an Electronic Visit Verification (EVV) system for Medicaid-funded Personal Care Services (PCS) by January 1, 2019, and for Home Health Care Services (HHCS) by January 1, 2023. Federal legislation delayed penalties for PCS implementation until January 1, 2020, and a Good Faith Exemption extended the deadline to January 1, 2021.

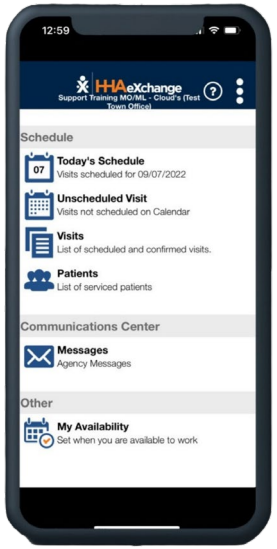
The six data elements Required to be collected to meet the CURES Act EVV Requirement

HHAeXchange's Strategic Framework



EVV Methods

HHAeXchange



1. Caregiver Mobile App
2. Telephony
3. FOB Device

DOCUMENTATION

Presented by: Aetna Better Health of New Jersey

ACCURATELY DOCUMENTING SERVICES

N.J.A.C. 10:60 – 3.6 (A)1-3 (CLINICAL RECORDS)

- Documentation should occur at the same time as the services rendered.
- Documentation for billing must occur daily, for each day you provide service(s).
- It is the provider's responsibility to know and comply with documentation requirements.

MEDICAID DOCUMENTATION REQUIREMENTS

Providers shall agree to the following:

- To keep such records necessary to fully disclose the extent of services provided, and to retain individual records for the greatest length of time that applies from the date the service was rendered.
- To timely furnish information about such services as requested by regulatory agencies, including the Medicaid Fraud Division.
- If records do not document the type and extent of services billed, payment adjustments are necessary, including requiring repayment to Medicaid or claim payment denial.

DOCUMENTATION

§10:60-3.3 COVERED PERSONAL CARE ASSISTANT SERVICES

All records / documentation used to support billing must be individualized, reflect actual services delivered, and include:

- Individual's name
- Date of service/time/duration
- The specific services rendered, such as:
  - activities of daily livings (ADL) like bathing, eating, grooming;
  - assistance with instrumental activities of daily living (IADLs), such as meal preparation, laundry, housekeeping/cleaning;

TIMESHEET DOCUMENTATION

Description of the encounter and notation of unusual occurrences

- Signature of person authoring the note
- Signature of supervisor if required

- Service Delivery Encounter Documentation forms
  - Signed by Caregiver

CARE PLAN DOCUMENTATION

Notes Must:

- Align with the service or treatment plan's outcomes and strategies.
- Answer the who, what, when, where and why of service provision.
- Be completed by either the individual providing the service OR an individual responsible for the oversight of the direct service provision.
  - If the note is completed by a staff member not providing the direct service, they should have documentation to support the information contained in the note.
- Reflect progress toward or decline from identified outcomes.
- Comply with PCA requirements as detailed by N.J.A.C. 10:60-3.6 Clinical records.

CARE PLAN DOCUMENTATION

Notes Cannot:

- Be completed by a staff person not connected to the service provision.
- Be duplicative or generic in nature.

DOCUMENTATION

Notes Must:

- Providers using an electronic health record (EHR) or other electronic system must ensure that all information required in mandatory sections is included and individualized for the recipient and that all underlying documentation can be produced to support services rendered during an audit or investigation.

DOCUMENTATION

- ✓Records/documentation must accurately reflect the services that were rendered.
- ✓Documentation should occur at the same time as services rendered.
- ✓Medicaid will not pay for undocumented or improperly documented services.

DOCUMENTATION

Don’t shortchange yourself...
If it’s not documented or not documented correctly,
it wasn’t done!

RECORDS RETENTION, AND BILLING PRACTICES

Presented by: The Division of Medical Assistance and Health Services

RECORDS RETENTION TIMELINES

- Approved Medicaid/NJ FamilyCare enrolled personal care agency providers shall retain, in a secure location, and in compliance with all applicable Federal and State laws and regulations, confidential information related to the individuals providing or supervising the provision of services and shall produce the information for any authorized agents in an orderly fashion on demand.

RECORDS RETENTION TIMELINES

Timelines vary depending upon the source:

- N.J.A.C. 10:37-6.77
- Records of adults must be retained 5 years after the last date of service;
- Records of children must be retained 5 years after they reach their 18th birthday.
- Article 7.28.A of the MCO contract: 10 years

Follow the regulation with the greatest length of time that pertains to you!

INSTITUTE RESPONSIBLE BILLING PRACTICES

Billing and Coding

- The use of specific codes by the provider that accurately report the services rendered are required to receive payment for those services.

- The codes that are used on the claim form are on the following slide.

PCA CODES

Service	Unit of Service	Procedure Code
Personal Care Assistance_15M	15 Minutes	T1019
Personal Care Assistance Group	15 Minutes	T1019_HQ
Personal Care Assistance_PD	Per Diem	T1020
MLTSS Home Based Supportive Care	15 Minutes	S5130
MLTSS In Home Respite	15 Minutes	T1005

RESPONSIBLE BILLING PRACTICES

It is incumbent upon **Providers**
to be knowledgeable regarding the codes that are used
to reflect the services rendered.

RESPONSIBLE BILLING PRACTICES – EVV ELEMENTS

Federal Mandate requires 6 EVV elements:

1. Type of service performed;
2. Individual receiving the service;
3. Date of the service;
4. Location of service delivery;
5. Individual providing the service;
6. Time the service begins and ends.

New Jersey EVV provider billing also requires:

1. Rendering provider lic/certification number;
2. Prior authorization and visit data alignment.

EVV CERTIFICATION/LICENSING NUMBER POLICY

Ensure rendering Provider license and certification numbers are included on EVV applicable claims:

- DMAHS requires the license and/or certification number information in the EVV aggregation system for rendering service providers of personal care services (PCS) and home health care services (HHCS). The licensing and certification requirement is to ensure NJ FamilyCare members are receiving care from qualified providers.
- The Provider license and/or certification applies to the following: Certified Home Health Aides (CHHA), Registered Nurses (RN), Licensed Practical Nurses (LPN), Physical Therapists (PT), Cognitive Therapists, Occupational Therapists (OT), and Speech Therapists (ST).
- DMAHS Newsletter 32-28 Revised

IDENTIFY AND CORRECT ERRORS

- Implement a robust system of quality assurance and oversight that reviews compliance on an ongoing basis and adjusts service delivery to maintain outlined standards.

- Supplemental documentation to a note can be added if necessary, as long as the date of the addition is included as well as the initials of the person supplementing the record.

- Examples of actions to take upon identifying an error:
  - Notify the MCO within a timely manner of the error(s) identified.
  - Educate staff/employees to prevent the error from happening again.

COMPLIANCE AND THE MEDICAID FRAUD DIVISION

Presented by: The Medicaid Fraud Division

SIX STEPS TOWARDS COMPLIANCE

1. Providing the clinically appropriate service as identified in the treatment plan
2. Accurately documenting the services - who, what, where, when and how
3. Instituting Responsible Billing Practices
4. Properly Supervising all Employees' Provision of Services
5. Establishing a System to Identify and Correct Errors and Omissions concerning Credentialing, Documentation and Billing
6. Adhering to Waiver and Regulatory Standards, where applicable, including hiring practices, properly completing Medicaid application, and training yourself and all staff about their requirements

CONSEQUENCES

Non-compliance with Medicaid rules, standards and regulations regarding service may constitute acts of fraud, waste or abuse of Medicaid funds.

ABOUT THE MEDICAID FRAUD DIVISION (MFD)

- New Jersey "Medicaid Program Integrity and Protection Act", N.J.S.A. 30:4D-53 et seq. established the Office of the Medicaid Inspector General to detect, prevent, and investigate Medicaid fraud and abuse, recover improperly expended Medicaid funds, enforce Medicaid rules and regulations, audit cost reports and claims, and review quality of care given to Medicaid recipients.

- These functions, powers and duties were later transferred to the Office of the State Comptroller (OSC), and are carried out by the Medicaid Fraud Division (MFD).

ABOUT THE MEDICAID FRAUD DIVISION (MFD)

The Medicaid Fraud Division:

- Performs program integrity functions;
- Conducts audits and investigations of potential fraud, waste and abuse by providers and recipients; and
- Coordinates program integrity oversight efforts among all State agencies that provide and administer Medicaid services and programs.

ABOUT THE MEDICAID FRAUD DIVISION (MFD)

The Medicaid Fraud Division also:

- Works to recover improperly expended Medicaid funds;
- Enforces Medicaid rules and regulations;
- Audits cost reports and claims;
- Reviews the quality of care given to Medicaid recipients; and
- Excludes or terminates providers from the Medicaid program where necessary.

WHAT IS: FRAUD, WASTE, AND ABUSE?

Presented by: UnitedHealthcare Community Plan

FRAUD
N.J.S.A. 30:4D-55

Fraud – is an intentional deception or misrepresentation made by any person with the knowledge that the deception could result in some unauthorized benefit to that person or another person, including any act that constitutes fraud under applicable federal or State law.

CIVIL MEDICAID FRAUD, WASTE AND ABUSE CONSEQUENCES

- Civil judgments and liens
- Exclusion from the Medicaid/Medicare programs
- Suspension or loss of professional licenses
- Referral for criminal prosecution
- Restitution/Recovery of overpayments
- Additional penalties in addition to repaying Medicaid overpayments

WASTE

- Waste is generally understood to encompass overutilization or the misuse of resources.
- Waste is not *usually* considered a criminal act.
- Waste is considered a legal violation for civil purposes and can result in a recovery of an overpayment, debarment from the Medicaid program and penalties.

ABUSE
N.J.S.A. 30:4D-55

- Abuse - provider practices that are inconsistent with proper, sound fiscal, business, or professional or service delivery practices that result in:
  - unnecessary costs to or improper payment by Medicaid

    OR
  - reimbursement for services that are not necessary, not approved, not documented, that are outside those specifically authorized

WASTE AND ABUSE - PROFESSIONAL DUE DILIGENCE

Business practices that result in **waste and abuse** can rise to the level of **fraud:**

- Providing service without proper authorization (unless it is emergent care)
- Using unlicensed, unqualified, or untrained staff
- Inaccurate / incomplete documentation of service
- Billing for undocumented / unsubstantiated services
- Insufficient internal checks and balances

AUDIT FINDINGS: EXAMPLES

Presented by: The Medicaid Fraud Division

EXAMPLES: PCA FINDINGS

- Failing to Verify Home Health Aid (HHA) Professional Certification Prior to Rendering Services
  - Regulations: N.J.A.C. 10:60-1.2 and N.J.A.C. 13:45B-14.4(a) and (c).
  - Providers are required to verify the HHA professional certification status of each individual performing personal care services prior to performing services.
    - Example – service was rendered on December 30, 2015, but the HHA's temporary HHA permit had expired on June 30, 2015 resulting in HHA performing services six months after their permit had expired.

EXAMPLES: PCA FINDINGS

- Failing to Perform Timely In-Home Evaluations of the HHA and Plan of Care
  - Regulation N.J.A.C. 10:49-9.8(a), N.J.A.C. 10:60-3.5(a)(2) and N.J.A.C. 13:45B-14.9(g).
  - Providers are required to perform an in-home evaluation of the HHA and beneficiary's Plan of Care at least once every 60 days.
    - Example – Beneficiary received services on August 22, 2016, while the supervisory visit was dated February 29, 2016, resulting in a period of 175 days without having the provider perform an evaluation.

EXAMPLES: PCA FINDINGS

- Failing to Prepare a Plan of Care Prior to Initiating Services
  - Regulations N.J.A.C. 10:49-9.8(a) and N.J.A.C. 13:45B-14.9(a).
  - Providers are required to complete a Plan of Care before rendering services.
    - Example – Provider billed for services dated September 9, 2016, however the Plan of Care, which outlines the type and frequency of services needed for the beneficiary, was not performed until three days later on September 12, 2016.

EXAMPLES: PCA FINDINGS

- Improperly Billed Personal Care Services while Beneficiaries Were Inpatient in a Hospital
  - Regulations N.J.A.C. 10:49-9.8(a) and N.J.A.C. 10:60-3.8(a).
  - Providers are not allowed to bill for personal care services, which are provided to beneficiaries in a home setting, while these beneficiaries have an inpatient status in a hospital.
    - Data mining report excluded admission and discharge dates to allow billings for personal care services provided to beneficiaries on days when the beneficiary was in a hospital only part of a day (prior to admission or after discharge).
    - Admission and discharge data requested from hospital(s) which confirmed the beneficiaries were in fact admitted to a hospital at time of PCA claim.

EXAMPLES: PCA FINDINGS

- Overbilling hours
  - Billed hours in excess of what was documented in the patient chart
  - Failed to document any hours
    - Example – patient charts indicate aide worked from 12pm-3pm (3 hours), however 6 hours billed.
    - Example – patient chart has no time in/time out

EXAMPLES: PCA FINDINGS

- No documentation of patient care
  - Patient chart does not specify what tasks aide performed on the date of service
  - Without this documentation it is impossible to determine whether the patient's care plan is being followed
    - Example – patient chart documents the aide's time, however no actual services rendered are documented such as assistance with bathing, grooming, etc.

EXAMPLES: PCA FINDINGS

- EVV reporting used to identify CHHA who rendered PCA Services
  - Example: Services Rendered by Unlicensed CHHAs
  - EVV Reporting and Patient Chart(s) reflect unlicensed CHHA is rendering services

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- Elements Required for EVV Reporting:
  - Type of service performed
  - Individual receiving the service
  - Date of the service
  - Location of service delivery
  - **Individual providing the service**
  - Time the service begins and ends

- Elements Required for **NJ** EVV Reporting:
  - **Rendering Provider License/Certification Number**
  - Prior Authorization and Visit Data Alignment

BEST PRACTICES AND TIPS*

*Based on the MCO's and NJ Consumer Affairs' experience in this area and are intended to help providers improve their documentation/performance. This is not intended to imply that simply following these steps will mean that the provider will be held harmless in the event of a review, investigation, and/or audit.

Presented by: Horizon NJ Health

BEST PRACTICES FOR HEALTH CARE SERVICE FIRMS (HCSFS)

Verification of Credentials and Content of Personnel Record

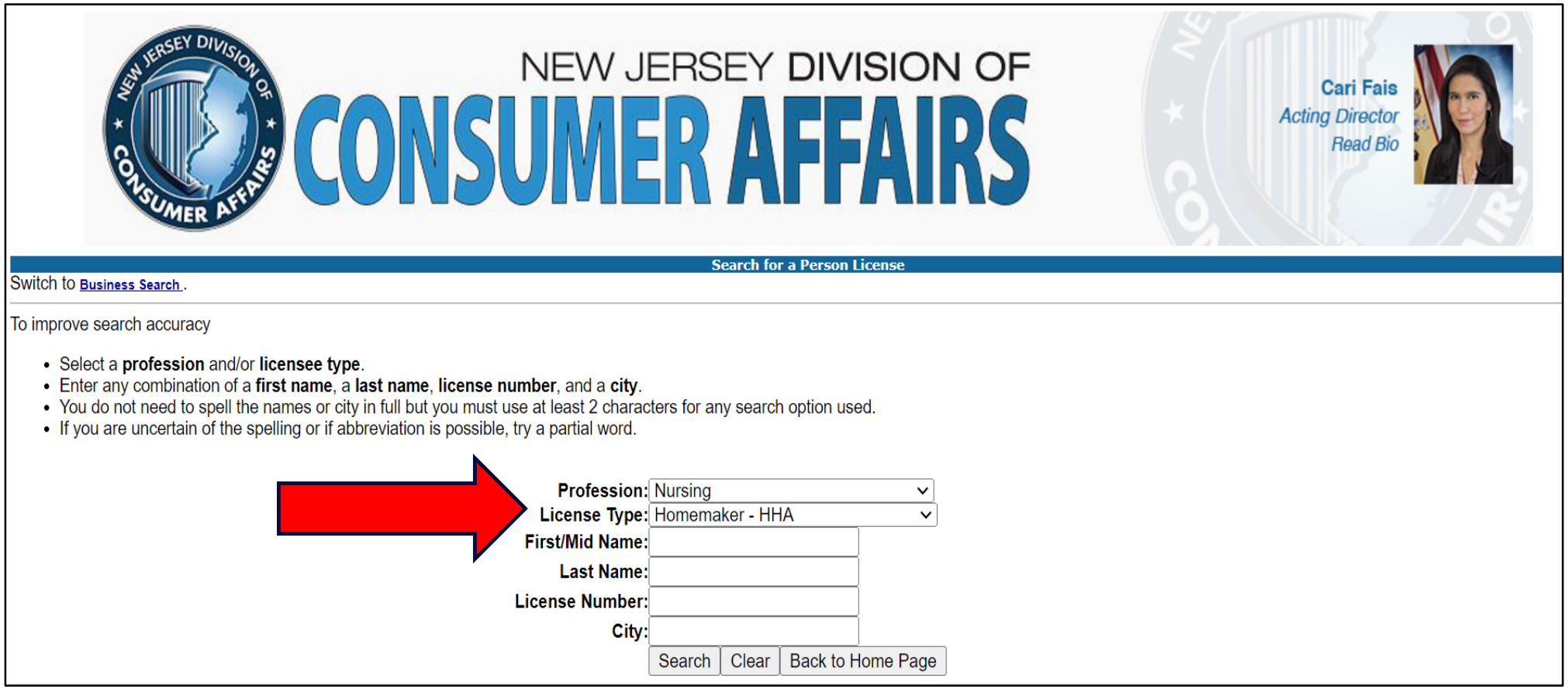
Prior to referral or placement of a licensed, certified or registered individual, the Health Care Service Firms, after a personal examination of the original or other reliable verification sources, shall maintain a copy of every employee's current license, registration or certificate, as applicable, as well as a copy of documentation obtained from the Division of Consumer Affairs' online verification page, verifying current status.

https://www.njconsumeraffairs.gov/nur/Documents/Best-Practices-for-Health-Care-Service-Firms.pdf

BEST PRACTICES FOR LICENSE VERIFICATION

HTTPS://NEWJERSEY.MYLICENSE.COM/VERIFICATION/

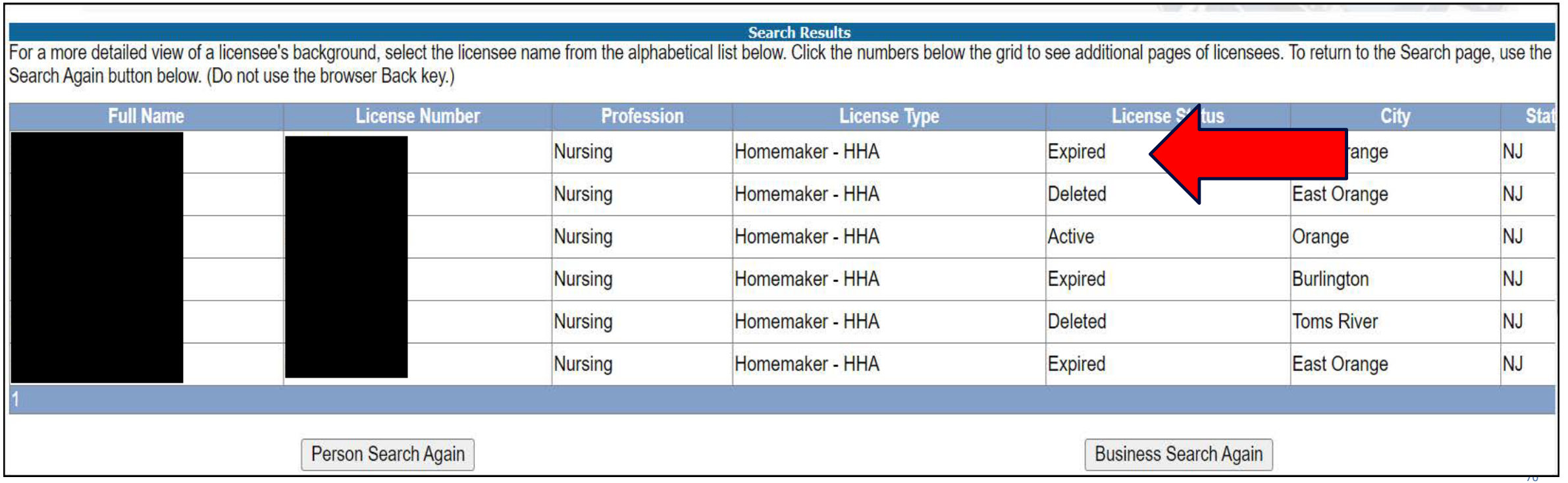
Check the NJ Consumer Affairs Online directory of certified homemaker-home health aides to ensure the person you are considering hiring is a certified CHHA.



BEST PRACTICES FOR LICENSE VERIFICATION

HTTPS://NEWJERSEY.MYLICENSE.COM/VERIFICATION/

- It is incumbent upon providers to perform Exclusion Checks, upon hire and monthly thereafter
  - NJMMIS Newsletter Volume 26, Number 14



Search Results

For a more detailed view of a licensee's background, select the licensee name from the alphabetical list below. Click the numbers below the grid to see additional pages of licensees. To return to the Search page, use the Search Again button below. (Do not use the browser Back key.)

Full Name	License Number	Profession	License Type	License Status	City	Stat
[redacted]	[redacted]	Nursing	Homemaker - HHA	Expired	range	NJ
		Nursing	Homemaker - HHA	Deleted	East Orange	NJ
		Nursing	Homemaker - HHA	Active	Orange	NJ
		Nursing	Homemaker - HHA	Expired	Burlington	NJ
		Nursing	Homemaker - HHA	Deleted	Toms River	NJ
		Nursing	Homemaker - HHA	Expired	East Orange	NJ

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Person Search Again

Business Search Again

TIPS FOR EVV

Ensure CHHA information in EVV Reporting matches NJ Consumer Affair License Information

- Correct Spelling of CHHA First and Last Name
- Correct Provider License/Certification Number

TIPS FOR HCSFS & CHHA APPLICANTS

HTTPS://WWW.NJCONSUMERAFFAIRS.GOV/HHH/PAGES/PHASES-AND-TIMELINES.ASPX

Criminal History Background Checks

- Completion of the criminal history background check is the #1 reason for delays with CHHA applications.
- Schedule fingerprinting appointment as soon as instructions are received (emailed an average of 1-3 days following online application submission).
- Background check results are provided to the Board by vendor an average 1-3 weeks from the date of fingerprint appointment.

Letter of Completion

- The Letter of Completion is the #2 reason for delays with CHHA applications.
- The CHHA training program must upload Letter of Completion, Assessment of Skills or equivalent, as determined by the Board, to the online portal.

TIPS FOR HCSFS & CHHA APPLICANTS

Promise of Employment

- The Promise of Employment is the #3 reason for delays with HHA applications. Potential employer must upload a Promise of Employment to the portal and add CHHA to employee roster.

Previous Criminal History

- If applicants have previous criminal history, application will require additional review by the Board.

CHHA Application Phases and Timelines:

https://www.njconsumeraffairs.gov/hhh/Pages/Phases-and-Timelines.aspx

MEDICAID FRAUD DIVISION: ACTIONS, INELIGIBLE PROVIDERS, AND SELF-DISCLOSURES

Presented by: The Medicaid Fraud Division

MFD RECOVERY ACTIONS

Once an overpayment has been identified as a result of an investigation or audit, MFD initiates actions for recoupment of improperly paid funds:

- ✓ MFD will send a Notice of Estimated Overpayment or Notice of Intent and, if necessary, a Notice of Claim
- ✓ MFD may add penalties, including false claim penalties between $11,181 and $22,363 per claim
- ✓ MFD may file a Certificate of Debt on real estate property owned by a provider/owner of business
- ✓ MFD may seek a Withholding of future Medicaid payments until the overpayment is satisfied

INELIGIBLE PROVIDERS

- An ineligible provider is someone who is excluded from participation in Federal or State funded health care programs. Debarred, disqualified, suspended, or excluded providers are considered ineligible providers.
- Any products or services that an ineligible provider directly or indirectly furnishes, orders or prescribes are not eligible for payment under those programs.
- It is incumbent upon providers to perform Ineligible Provider Checks, upon hire and monthly thereafter:
  - NJMMIS Newsletter Volume 26, Number 14

MEDICAID INELIGIBLE PROVIDER LIST REQUIREMENTS

1. State of New Jersey Ineligible Provider report (mandatory): https://nj.gov/comptroller/doc/nj_debarment_list.pdf
2. Federal exclusions database (mandatory): https://exclusions.oig.hhs.gov/
3. N.J. Treasurer's exclusions database (mandatory): http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml
4. N.J. Division of Consumer Affairs licensure databases (mandatory): http://www.njconsumeraffairs.gov/Pages/verification.aspx
5. N.J. Department of Health licensure database (mandatory):http://www.state.nj.us/health/guide/find-select-provider/
6. Federal exclusions and licensure database (optional and fee-based): https://www.npdb.hrsa.gov/hcorg/pds.jsp
7. If the provider is out of state, you must also check that state's exclusion/debarment list

SELF-DISCLOSURE

- Providers who find problems within their own organizations, must reveal those issues to MFD and return inappropriate payments. https://nj.gov/comptroller/resources/#collapseSub30/

- Affordable Care Act §6402 and N.J.A.C. §10:49-1.5 (b)(1), (7)
  - require that any overpayments from Medicaid and/or Medicare must be returned within 60 days of identifying that they have been improperly received.

- Providers who follow the protocols for a proper self-disclosure can avoid imposition of penalties.

- MFD's Self Disclosure Form: https://nj.gov/comptroller/news/docs/self_disclosure_form.pdf

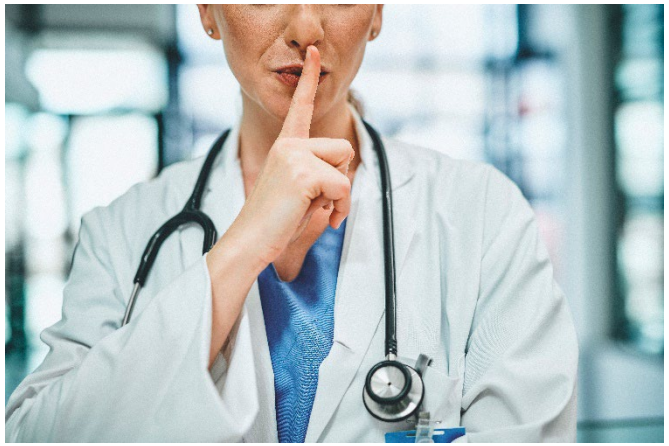
MEDICAID FRAUD CONTROL UNIT (MFCU)

Presented by: The Medicaid Fraud Control Unit

MEDICAID FRAUD CONTROL UNIT (MFCU)

Medicaid Fraud is a serious crime.

- The MFCU, within the Office of the Insurance Fraud (OIFP) is the criminal oversight entity.



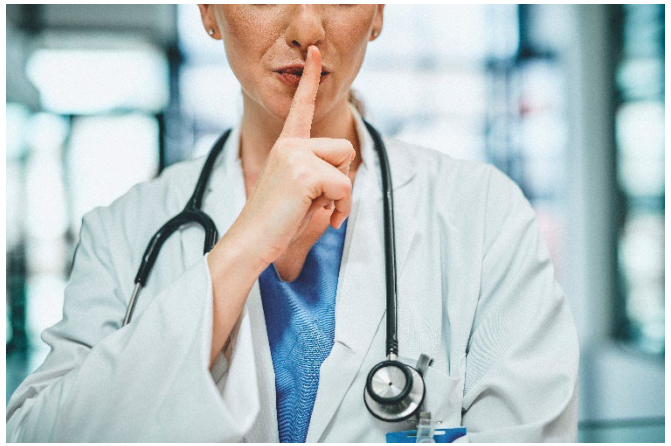
- MFCU investigates and prosecutes Medicaid Fraud.

- The MFCU utilizes attorneys, investigators, nurses, auditors and other support staff to police the Medicaid system.

MEDICAID FRAUD CONTROL UNIT (MFCU)

The MFCU investigates and prosecutes alleged criminal actions:

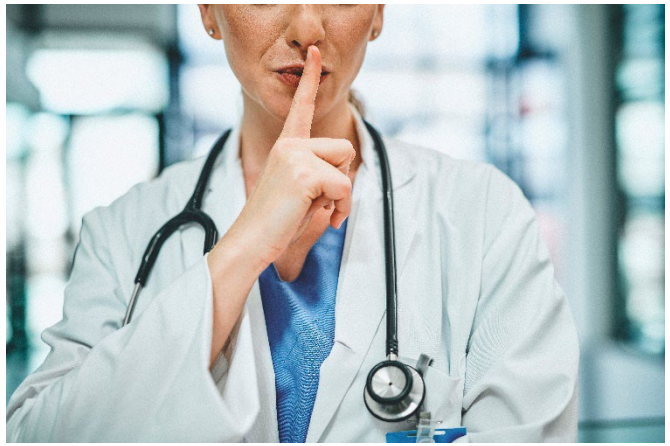
- Allegations of physical abuse to beneficiaries.
- Healthcare Providers who are suspected of defrauding the Medicaid Program.
- Fraudulent activities by providers against the Medicaid program.
- Fraud in the administration of the program.
- Fraud against other federally or state funded health care programs where there is a Medicaid nexus.



CRIMINAL HEALTH CARE CLAIMS FRAUD

N.J.S.A. 2C:21-4.3

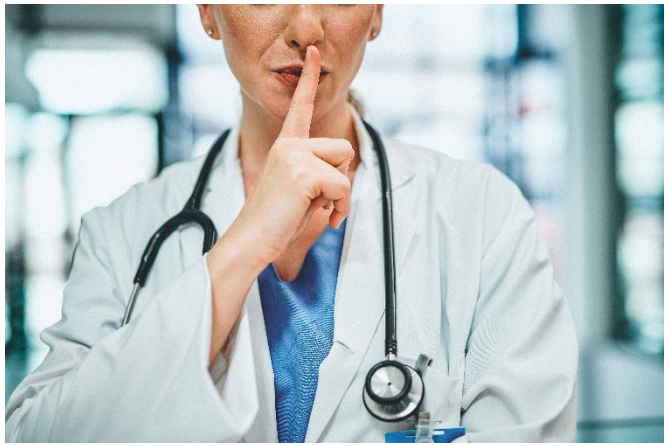
- It is illegal to submit a false claim to the Medicaid program or an insurance company in order to be paid for health care services which were not received or provided.
- Punishable by up to 10 years in state prison
- In addition to all other criminal penalties allowed by law, a violator may be subject to a fine up to five times the amount of any false claims.
- Suspension or debarment from government funded healthcare programs
- Forfeiture of professional license



FALSE CLAIMS

Did you know…

- If you are a practitioner and hold a professional license, you only need to submit one false claim to be convicted.



- Willful ignorance of the truth or falsity of a claim is not a defense.

- You can be found guilty of Health Care Claims Fraud even if your claims were not intentionally fraudulent.

Bottom line:

Ignorance of the law excuses no one.

It is the provider's responsibility to know the laws.

WRAP UP

QUESTIONS? PLEASE CONTACT US!

- Division of Medical Assistance and Health Services (DMAHS)
  - Website: https://www.state.nj.us/humanservices/dmahs/home/index.html
- Medicaid Fraud Division (MFD)
  - Email: provider-education@osc.nj.gov
  - Website: https://nj.gov/comptroller/about/work/medicaid/
- Medicaid Fraud Control Unit (MFCU)
  - Email: NJMFCU@njdcj.org
  - Website: https://www.njoag.gov/about/divisions-and-offices/office-of-the-insurance-fraud-prosecutor-home/medicaid-fraud-control-unit/

FRAUD HOTLINES

Name	Contact Information
Aetna Better Health of New Jersey	(855) 282-8272
Amerigroup New Jersey, Inc.	(866) 847-8247
Horizon NJ Health	(877) 378-5292
UnitedHealthcare Community Plan	(844) 359-7736 https://www.uhc.com/fraud
WellCare Health Plans of NJ, Inc.	(866) 678-8355
NJ Office of the State Comptroller, Medicaid Fraud Division	(888) 937-2835
NJ Medicaid Fraud Control Unit	(609) 292-1272 NJMFCU@njdcj.org

HOW DID WE DO?

Please respond to a brief poll to help us know how we did!

QUESTIONS?

Any questions we are unable to answer today, please submit in writing to:

provider-education@osc.nj.gov

KEEP IN TOUCH

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