Taking action

Avoiding fraud in health care is key

One need look no further than the leadership of any local not-for-profit health care facility to find a high level of concern about the problem of health care fraud and abuse. But how does that concern translate into action? Usually, it doesn't.

With all the focus on fraud, what's missing? No one is telling our health care providers how to avoid the enemy.

The government-contracts industry is no stranger to the tarnished reputation that comes with allegations of fraud and abuse. Responsible health care providers should take a tip from the veterans in defense and public works: Take action to avoid fraud.

If you're not convinced, consider this: The government is already taking enforcement action and offering significant financial rewards to former employees and others who can be effective whistle-blowers. Far-reaching anti-fraud and abuse laws are on the books, and new legislation is on its way. These laws make health care fraud a felony, not just a fine.

Action can take the form of a fraud-and-abuse compliance program. Corporate compliance programs are widely used in other industries. Health care providers that don't know about compliance programs are increasing their risk of doing business.

The first step in developing a compliance program is identifying the legal duties the provider is obliged to meet and the systems in place for meeting those obligations. Unfortunately, health care compliance can look a lot like managing red tape. Yet, so-called "technicalities" must be observed to stay within the bounds of the law.

Paradoxically, health care reform initiatives are pushing providers into new business practices and financial arrangements that may very well be pathways to illegal activity. Moreover, because of newly enacted prohibitions, "established" practices and procedures may no longer be permitted.

Fraud takes many forms. Starting in 1995, physicians who have a financial relationship with a hospital may no longer be allowed to send their patients to that facility for inpatient or outpatient services. If the hospital renders services pursuant of a prohibited referral, it will not be allowed to bill the patient, any third-party payer or any other entity for those services.

An optometrist who pays ad hoc "rent" to an ophthalmologist for the time spent in the physician's office examining only referred patients is impermissibly paying for referrals. Sham office leases in which the space is not actually used are among the most common and abusive kickback schemes.

An area of significant abuse is the practice of offering free gifts that may well induce Medicare beneficiaries to purchase additional or unnecessary items or services. Rebates given to induce business activity - legitimate and common in other industries - can be expressly prohibited in the health care industry.

Consider the range of improper Medicare billing practices: misusing a billing code; billing for non-covered services; billing for services that were medically unnecessary in relation to the diagnosis; or failing to have adequate documentation to verify the services provided.

This first phase of action can be invaluable: The process of developing a compliance plan itself reduces the risk of a violation. For example, health care providers may establish for the first time who in the organization has responsibility for different phases of the operation.

If a violation is detected, the presence of a plan dramatically reduces a provider's potential penalties. The fact that a provider had a qualifying plan must be considered under the Federal Sentencing Guidelines. In particular instances - for example, filing "false" claims with Medicare over a series of years - the existence of a plan can reduce penalties by millions of dollars.

Top management in charitable facilities cannot hide behind the fact that staff or outside contractors handled Medicare billing. In fact, investigators often target low-level staff when searching for incriminating information. Just because the ranking officials are wearing "white hats" does not mean that their institution does not need to take action to develop a plan for compliance to avoid health care fraud.

While opinions may differ on the savings that will result from a fraud-free health care industry, Americans have reached the consensus that health care fraud must be eliminated. To reach that goal, providers must convert this concern over health care fraud into action.

Joy H. Thomas is a lawyer in the health law section of Moore & Van Allen in Raleigh.

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the virtues of an Eagle Scout plus special people skills, self-confidence, exceptional analytical ability, strong moral character and a happy, optimistic disposition.

Some common challenges faced by development officers are unrealistic expectations, jealousy of colleagues, the tyranny of deadlines, fatigue, lack of staff and equipment and the temptation to get quick results by lowering ethical standards.

Other pressures include putting personal success above the welfare of the institution, shifting failures to others, emphasizing programs with sales appeal over those that are important to the nonprofit mission, wallowing in feelings of self-pity and - perhaps most important - losing sight of the goal because of preoccupation with process.

No rules can be made to fit everyone. The challenges can be met only by individual effort.

The process starts by reviewing the kind of life we want and the kind of person we aspire to be. We look at the institutions we work for to see if we believe in their mission and leadership. We ask if we have served the institution well. If the answers to those questions are no, we should depart gracefully and soon.

We recheck our ethical patterns. Courtesy is necessary; insincerity destroys self-respect. Fudging numbers - however it is rationalized - is dishonest and damages the institution. Self-pity is destructive. Shifting blame corrodes effectiveness and hurts the team. Job-hopping without regard for legal and moral commitments is unfair and casts mistrust on us and our profession.

Most important, we revisit our personal support system: family, friends, religious or philosophical beliefs and values. A solid base for our lives helps us meet and master the challenges of our job.

A basic qualification for the development job is the ability to handle uncertainty and pressure and convert them to motivating forces.

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Many years of observation have convinced me that development people are among the most talented, highly-principled and dedicated in the world. We do our jobs well and the world is better because of it.

Pressure? We can handle it.

JOHNSON

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have taken steps to improve the economic status of their families.

Women report that they have entered the paid labor force for the first time; are no longer on public assistance; have been promoted; have become volunteers and leaders in their communities; are mentoring young people; and are sharing what they have learned with their friends, family members and neighbors.

Essentially, we found what works is: being aware of the immediate environment and culture in which people live and work; organizing local advisory councils or committees that include community leaders, business people, and potential program participants; flexible planning; non-traditional teaching methods, especially retreats and workshops that include 'people who have made it' as role models; training local facilitators and planners in cultural diversity; providing help with identifying achievable, realistic short-term goals or dreams and how to achieve them; giving long-term support to women and families; including them in other agency-sponsored activities; and recognizing, praising and rewarding participants.

Of course, much remains to be done. In order to improve the economic situations of families, the challenges for women in North Carolina are numerous and often complex. For example: How do we encourage women to get technical education in fields where jobs exist? How can we help women learn to manage family and work responsibilities? How can we support child care and family leave policies? How can we work to eliminate gender stereotypes at home and in the workplace?

EDFW provided education as an avenue to increase economic self-sufficiency. Education works. This project helped put knowledge to work in support of women and their families.

There is an old saying that goes like this: When a woman is empowered, the whole family benefits.

I say: Investing in people pays.

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