



PROGRAM INTEGRITY COMPLIANCE

May 24, 2018

Welcome to this month's webinar!

We will begin momentarily...

In the meantime, if you have a question please key it into the bottom of your screen, or send email to NYWebinarSeries@Sandata.com

- ◆ Your Hosts today:
 - Angel So – Facilitator
 - Rossana Follender – Speaker
 - Lisa Pares – Speaker
- ◆ Today's webinar will run approximately 45 minutes, including Q&A. In the lower right corner of your screen you will be able to type in questions. Time permitting, our facilitators will answer them near the end of the session.

AGENDA

1. Attendance Verification & Documentation of Manually Confirmed Visits
2. Conflict of Hours Investigation
3. Exclusions Screening



ATTENDANCE VERIFICATION & DOCUMENTATION OF MANUALLY CONFIRMED VISITS



Identify

- No Shows
- Unscheduled Visits
- Unknown Employees
- Unknown Clients



Research

- Call the client or their representative
- Call the aide



Document

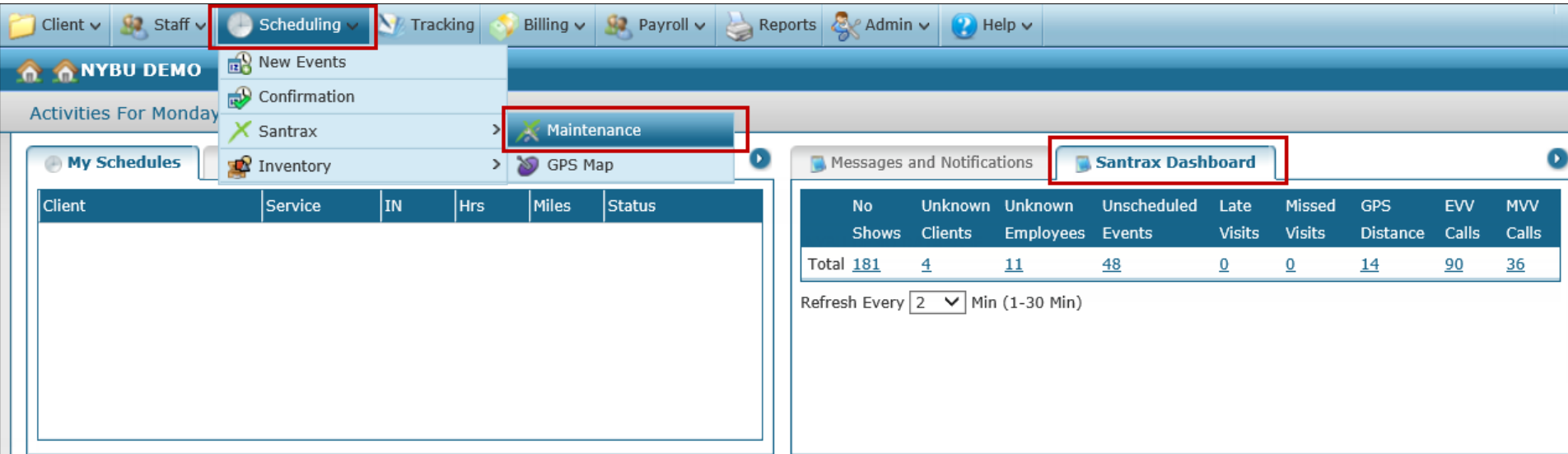
- Take advantage of the Notes Functionality in the system



Obtaining the Exceptions

Santrax Maintenance:
 Hover over “Scheduling & “Santrax”
 then click on “Maintenance”

- Or - Santrax Dashboard:
 Once you’ve logged in to the system,
 select the “Santrax Dashboard” tab



The screenshot shows the Santrax software interface. The top navigation bar includes menus for Client, Staff, Scheduling, Tracking, Billing, Payroll, Reports, Admin, and Help. The Scheduling menu is expanded, showing options like New Events, Confirmation, Santrax, Inventory, and Maintenance. The Santrax Dashboard tab is highlighted in the Messages and Notifications section. Below the navigation, there is a table for My Schedules and a dashboard with various metrics.

No Shows	Unknown Clients	Unknown Employees	Unscheduled Events	Late Visits	Missed Visits	GPS Distance	EVV Calls	MVV Calls
Total 181	4	11	48	0	0	14	90	36

Refresh Every Min (1-30 Min)

Santrax Maintenance

[Clear Filter](#)
[FVV](#)
[Refresh](#)
[Print](#)
[Close](#)

Search Filters

Client: ➔ ✕

Admission: ■

Staff: ■

Company:

Location:

Admit Type:

Team:

Region:

Exception:

Payor #:

Payor:

Client ID:

Staff ID:

Coordinator:

Position:

Service:

Event:

Status:

MRN #:

Date From: 📅

Date To: 📅

Time Range:

Hide Cancelled Events

Only Events With Calls

Only Exceptions

Santrax Clients Only

Auto Update Schedules

Hide Prior Day Visits

Exclude Unknown Clients

Status Legend
Pending
Confirmed
Closed
Hold
In Process
Cancelled

May 2018

Su	Mo	Tu	We	Th	Fr	Sa
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

As Of:

O	Dat	vice	Staff	Pos	Sch	Sch	TZ	Sch	Call	Call	Act	Bill Hrs	Pay	Auth	Tasks	P->A	Ovrd	Sup	Memo	Exceptions
					Start	End		Hrs	Start	End	Hrs	Hrs	Hrs							

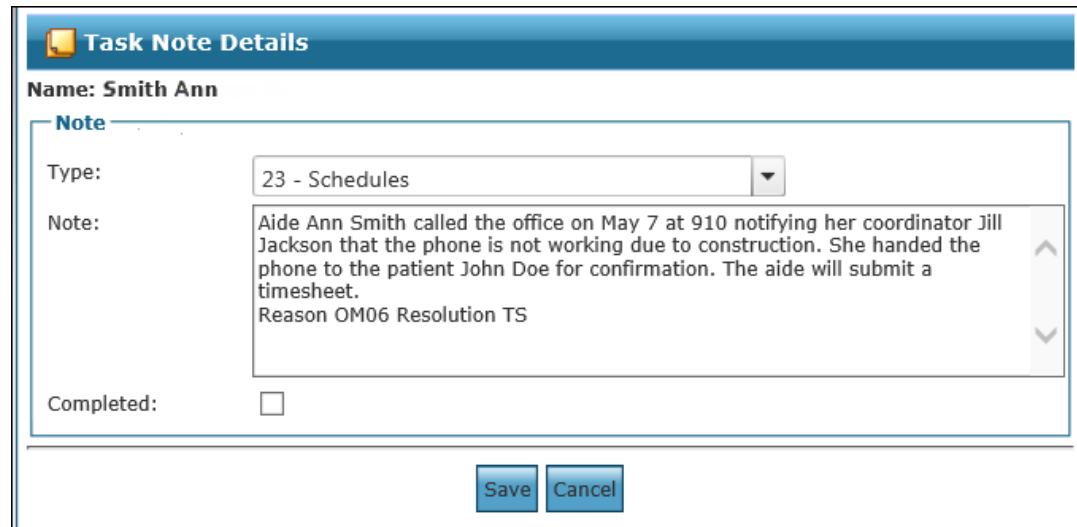
No In Call
 No Out Call
 Both Calls Received
 No Show Exception
 Unscheduled Event
 Unknown Client
 Unknown Staff
 Actual Hours More Than Scheduled Hours
 Payroll Hours Less Than Scheduled Hours
 Unmatched Client
 Late Visit
 Missed Visit
 Makeup Visit
 Warnings Cleared
 Task Exception
 Speaker Verification
 Call Time Outside Payor Tolerance
 GPS Distance
 Travel Time Exceeds Threshold
 MVV Exception
 Assigned Staff Updated by Caller

Appointed staff should research the reason for each exception

- ◆ Contact the client & aide
- ◆ What was the reason for the exception?
- ◆ Document it using the Notes module within the schedule.

**Best Practice: Include the reason code the verifier should use, and conversation notes:*

- Date and time of call
- Name of person placing the call
- Name of patient/caregiver confirming attendance
- Date and time the Aide arrived to the home



Task Note Details

Name: Smith Ann

Note

Type: 23 - Schedules

Note: Aide Ann Smith called the office on May 7 at 910 notifying her coordinator Jill Jackson that the phone is not working due to construction. She handed the phone to the patient John Doe for confirmation. The aide will submit a timesheet.
Reason OM06 Resolution TS

Completed:

Save Cancel

- ◆ Your coordination staff is the key!
 - Create a note type for attendance verification notes
 - *System Functions → Codes Maintenance → Additional Codes Maint → Note Types*
 - Have your coordination staff enter attendance verification notes and include the code that matches the Reason code that should be selected.
 - *This information will be useful for the verification staff*

Before you Verify a Visit...

- ◆ Review all documentation
 - Notes
 - Time sheets signed by the client
 - Other documentation required by your agency
- ◆ Check:
 - Date of Service, Time In, Time Out (check notes entered during attendance verification process)
 - Tasks entered match the plan of care?
 - Signature
- ◆ Make sure that you are only verifying services provided!

- ◆ Document “Why?”
- ◆ Agency-defined Codes
- ◆ OMIG Standardized Reason & Resolution Codes
 - If your agency is required to have a Verification Organization (VO) or if you are a subcontractor of an entity who is required to have a VO
 - Effective February 1, 2016
 - Reason Codes = What happened?
 - *Aide failed to call in*
 - Resolution Codes = Why is this visit OK to bill?
 - *Timesheet received*

Schedule Detail
Delete

Reason Codes
Refresh

Select an Edit Reason

Filters:

Initiated By Client Staff Agency Payor Other

Name:

Code	Name	Initiated By
OM06	Client phone not working technical or natural disaster	Agency
OM03	Client has no phone	Client
OM06	Client phone not working technical or natural disaster	Client
OM02	Client will not allow phone use	Client
OM06	Client phone not working technical or natural disaster	Payor
OM11	Aide failed to call in and out	Staff

Resolution:

*** Note**

Task Note: Type:

Id:

9:00 13:00 = 4 hrs P/T:

9:21 3.75 hrs

9:21 13:00 = 3.75 hrs

Totals

\$0.00 TT Estimate:

\$0.00 TT Bill: 0

\$0.00 TT Pay: 0

Bill As: Override

Amt	Copay	Status
\$85.35		09 - Hold

Pay As: Override

Amt	Status
\$56.25	09 - Hold

If you have existing reason codes and must use OMIG’s codes:

- ◆ Use the OMIG Crosswalk Report to review your existing codes
- ◆ Map existing codes to OMIGs
- ◆ Print a copy of the crosswalk report and distribute to your coordination and verification staff

Tips for data entry:

- ◆ When adding new codes make sure to use the same format as previously entered codes.
- ◆ When notes are required also enable the Task Note setting.

Value	Name	Client	Staff	Agency	Payor	Export Code	Notes Required	Task Note	Edit Reason	Active
29	29 Aide ID does not match	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Attendant’s identification number (s) does not match	<input checked="" type="checkbox"/>
OM01	OM01 Phone number did not link to the client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Phone number did not link to the client.	<input checked="" type="checkbox"/>
OM02	OM02 Client will not allow attendant use phone.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Client won’t let attendant use phone.	<input checked="" type="checkbox"/>

Tips – OMIG Standardized Reason & Resolution Codes

Exception	Reason Code Suggestion	Additional information
Aide met patient at a Doctor's Appointment	OM05 Client received services outside of the home.	
Patient not home (Wait time)	OM07 Client requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the client's services being suspended.	Enter detailed notes.
Live In/Mutual/Cluster/Split	OM10 Attendant failed to call out.	Use with Resolution code: 3 Mutual Case/ or Cluster Case/ or Live-in Case and enter detailed notes.
Aide called in late	OM12 Attendant called in to or out of the EVV system early or late	Enter detailed notes.
Missing tasks	OM13 Attendant's identification number(s) does not match the scheduled shift	Enter detailed notes.
Replacement Aide due to no-show	OM15 Attendant failed to report to client's home	Use with Resolution code: New attendant assigned to client and enter detailed notes.



CONFLICT OF HOURS INVESTIGATION

What is the Conflict of Hours Report?

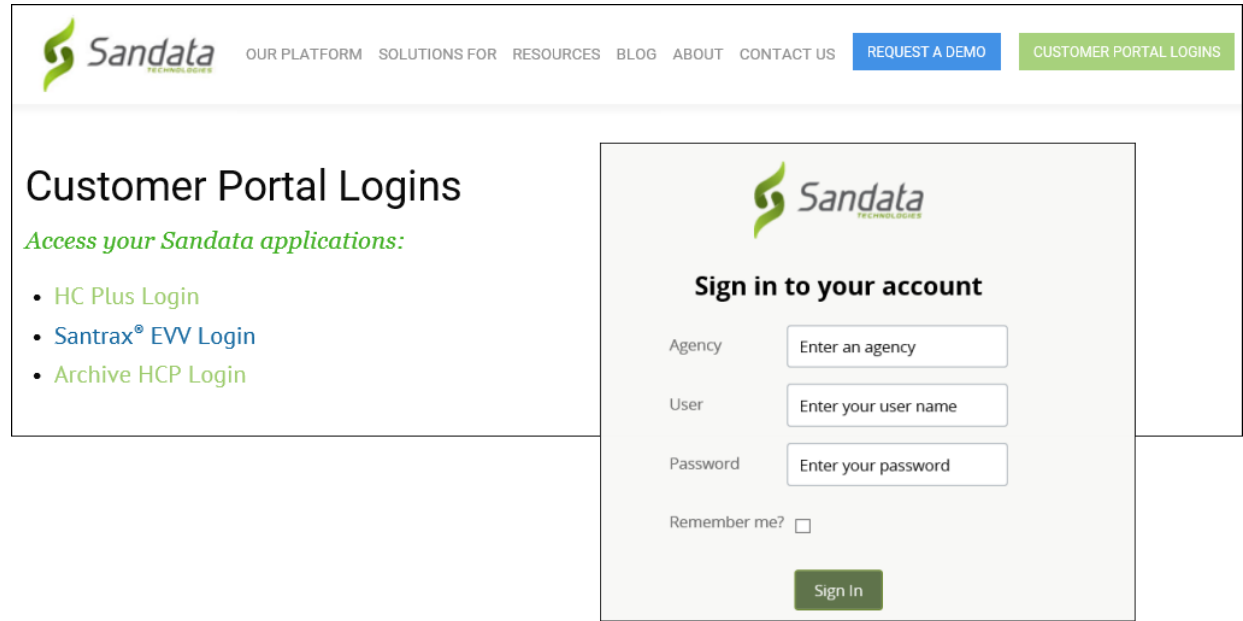
- ◆ Identifies overlapping visits across agencies, where the same aide provided services at two different locations at the same time.
- ◆ Verified visits only.
- ◆ Frequency: Weekly and Monthly:
 - **Weekly** → Run every Friday, after 9:00pm and will be available to you the next Monday morning.
 - **Monthly** → Run on the second Friday following the end of the month, after 9:00pm and will be available to you the next Monday morning.

How to Run the Conflict of Hours Report


Santrax EVV Login

www.sandata.com

Select Customer Login Portals and Santrax EVV Login.



Once you've logged in to Santrax, click "Reports" at the top of the screen



Select “**Date Range Report**” to run the Monthly Conflict Report or “**Daily Reports**” for the Weekly version.

Santrax v7.31

Select Report	Select Parameters
<p>Report Type</p> <p>Date Range Reports</p>	
<p>Report Name</p> <p>Monthly Conflict Report</p>	
<p>Select Timeframe</p>	
<p>Month</p> <p>April</p>	<p>Year</p> <p>2018</p>


Run Report

Last transfer files received
05/16/2018 09:37

Last transfer files processed
05/16/2018 09:37, completed.

Last reject files processed
None

Exit



Sample Monthly Conflict of Hours Report

1 of 1 Find | Next

Report Parameters

For: 4/1/2018 - 4/31/2018 11:59:59 PM

SANDATA HEALTH CARE

Vendors:

Attendant Conflict of Service Hours Worked Monthly

Attendant	SSN	Contract	Client	Hours/Date	Conflict Agency	Hours
B, ANNA	###-##-0001	HRA MEDICA 0007731	G, GENE	1:01:00 PM(P)-6:59:00 PM(P) 04/02/2018	Agency 1 993	4:00:00 PM(U)-8:00:00 PM(S)
				1:00:00 PM(P)-7:02:00 PM(P) 04/05/2018	Agency 1 993	4:00:00 PM(U)-8:00:00 PM(U)
M, MARIA	###-##-0004	AMERIGROUP 0001001	N, ELIE	6:58:00 AM(P)-3:00:00 PM(P) 04/29/2018	Agency 2 990	12:00:00 AM(S)-11:45:00 PM(S)
R, RON	###-##-0007	CENTERS PL 0004377	E, MAY	8:36:00 AM(P)-8:30:00 PM(P) 04/07/2018	Agency 2 990	8:06:00 PM(S)-8:01:00 AM(S)
		GUILDNET, 0001443	R, LYNN	8:44:00 AM(P)-8:45:00 PM(P) 04/23/2018	Agency 2 990	8:21:00 PM(S)-8:22:00 AM(S)
Grand Total of Visits: 5						

Type: T=TBA Linked, C=Cluster, M=Mutual.

Schedule Verification Method: S=Schedule Verified by Santrax, U=Scheduled by User, P=Potential Employee Schedule.

*Based on inred by Non-Sandata agencies for the period.

What Should You Do?

1. Have policies and procedures in place.
2. Designate staff to run and investigate this report.
3. Run the report every month.
4. Conduct your own investigation.
5. Contact the representative from the other agency and request an investigation of the conflict.
 - Consult the directory of agencies available in the NY Reference Library.
6. Prepare a report.
7. Take appropriate action based on your findings.

How to Obtain the Directory of Agencies

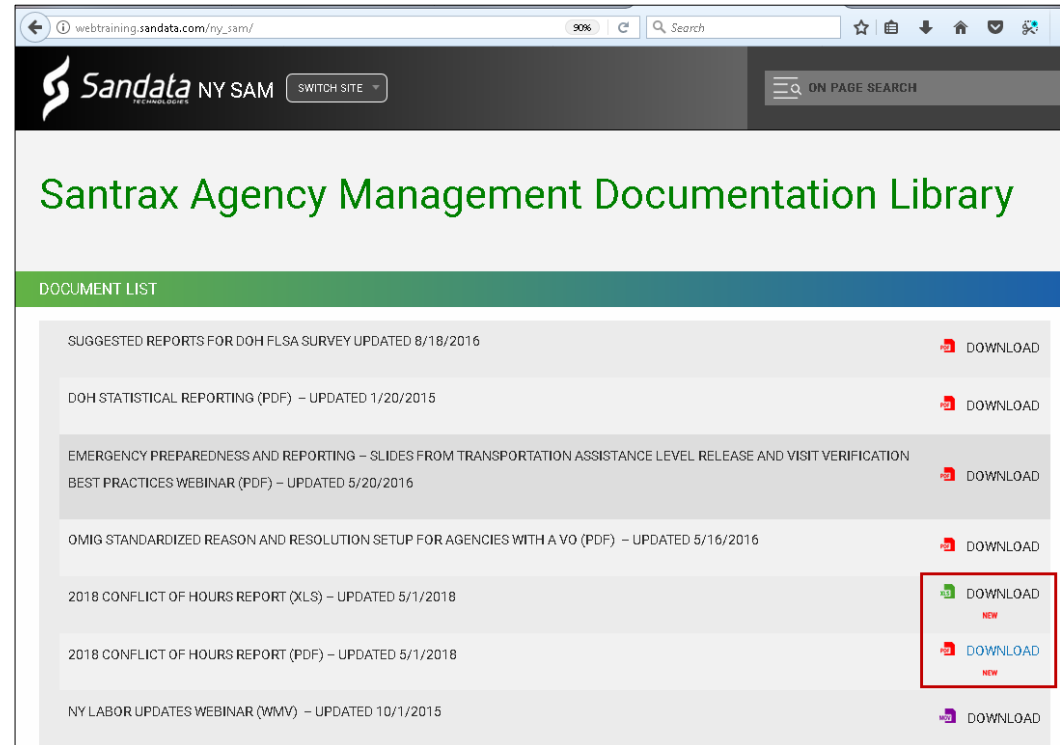
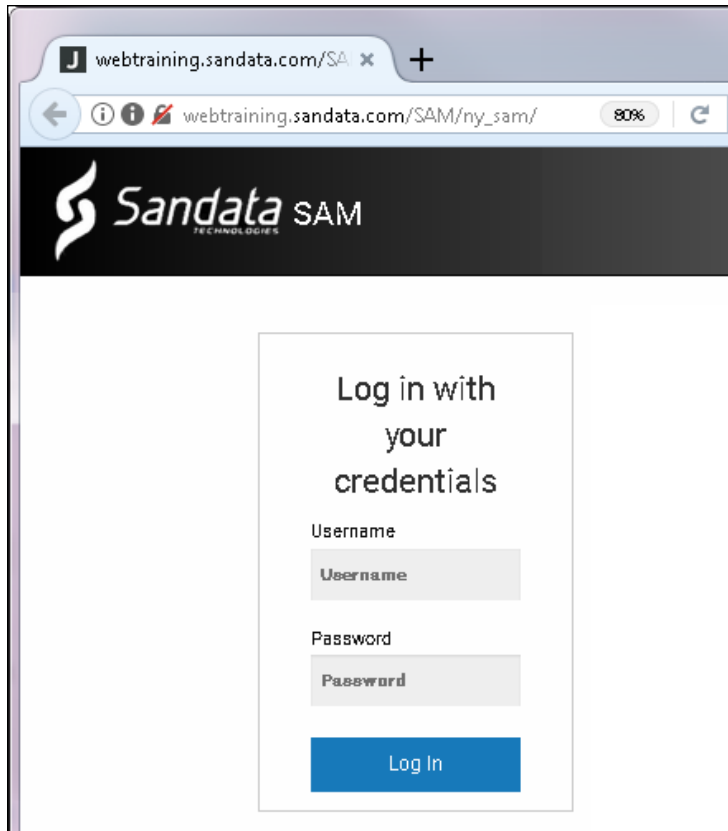
Step 1 –

Log into the NY Santrax Agency Management library

http://webtraining.sandata.com/SAM/ny_sam/

Step 2 –

Click “Directory of Agencies – Conflict Resolution Report”



Directory of Agencies – Conflict of Hours Report

Directory of Agencies - Conflict of Hours Report

Legend

Orange: New Change

Light Orange: Previous Change

Agency Name	Vendor(s)	Contact Name	Title	Contact Email	Contact Phone Number
ABC Health Services Reg. INC.	9556 9557	Jenny Chan	President/CEO	jxchan@hotmail.com	(718) 359-2284
Able Health Care Service, Inc.	8282	Bernadette Cox	Compliance Officer	berna@ablehealthcare.com	516 394-3243
Accent Care	3642, 3643 & 7395	Sandy Lynn Marable	Area Director of Operations	smarable@accentcare.com	(914) 682-3988 or (914) 760-2891
Aides at Home, Inc.	9312	Susan Hechtman	VP/Compliance Officer	Hechtmsue@aol.com	(516) 931-5850 x300
All City Care (Brooklyn and Bronx)	020, 019 & 882	Carmen Clanton	Assistant Administrator	cclanton@bestcare.com	(718) 994-2400
All Season Home Attendant	818 Queens, 828 Brooklyn	Joanna Chan		joanna.chan@covad.net	(212) 334-5480
Alliance For Health	793	Judy Sonkin	Senior HR Business Partner	isonkin@afh.biz	(718) 875-8900 x 4125
Alliance Home Services, Inc.	9852	Josefa C Cruz		1jcz101@optonline.net	(718) 994-6780 X625
Allied Health Services, Inc.	0544				
Association For Services For The Aged / Services For The Aged d/b/a JASACare	202 & 282	Shanthi Ranasinghe	Assistant Director	sranasinghe@jasa.org	(718) 707-9696 x4134
Bestcare-Bronx	9359	Luis Zumbado		lzumbado@bestcare.com	(516) 731-3770
Bestcare-Brooklyn	9359	Doti Morris-Williams		dwilliams@bestcare.com	(718) 377-7077
Bestcare-Manhattan	9359	Brian Schiel		baschiel@BESTCARE.com	(212) 366-5050
Bestcare-Nassau	9359	Luis Zumbado		lzumbado@bestcare.com	(516) 731-3770
Bestcare-Queens	9359	Brian Schiel		baschiel@BESTCARE.com	(212) 366-5050
Bestcare-Staten Island	9359	Brian Schiel		baschiel@BESTCARE.com	(212) 366-5050
Bestcare-Suffolk	9359	Brian Schiel		baschiel@BESTCARE.com	(212) 366-5050
Bestcare-VNS	9359	Brian Schiel		baschiel@BESTCARE.com	(212) 366-5050
Bestcare-Westchester	9359	Luis Zumbado		lzumbado@bestcare.com	(516) 731-3770
Bronx Jewish Community Council H.A. Services, Inc.	9914	Elsa L. Dominguez	Human Resources Director	Edominguez@bjconline.org	(718) 652-5500 x220

Send changes to: EVV-VO@sandata.com

What Should the Investigation Report Contain?

1. Details of the conflict, as they appear in the report.
2. Documentation on the visit:
 - Time Sheets.
 - Screen prints of schedule verification, notes, etc.
 - Signed statement from the aide.
3. Outcome of your investigation.
4. Correspondence with the other agency and outcome of their investigation.
5. Conclusion detailing action taken.

<Agency Name>

Conflict of Hours Summary Report

Conflicting Staff Name:	Position: (HHA/PCA/RN)	Aide SSN: (last 4 digits)
Patient Name:	Patient Phone #:	
Patient Address:		
Conflicting Agency Name:	Contract Type and Name	

Employee Conflict Dates
Note: If more Conflict Dates exist, please attach a list to this form.

Date of the Conflict 1: / /	Date of the Conflict 2: / /	Date of the Conflict 3: / /	Date of the Conflict 4: / /
<Agency Name> In Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification Out Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification	<Agency Name> In Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification Out Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification	<Agency Name> In Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification Out Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification	<Agency Name> In Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification Out Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification
Conflicting Agency In Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification Out Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification	Conflicting Agency In Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification Out Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification	Conflicting Agency In Time: _____ <input type="checkbox"/> EVV x Verification <input type="checkbox"/> Timesheet Verification Out Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification	Conflicting Agency In Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification Out Time: _____ <input type="checkbox"/> EVV Verification <input type="checkbox"/> Timesheet Verification

Investigation Interview Summaries
Please attach copies of communication between agencies and employee attestations.

Coordinator Interview Summary Date: _____

Conflicting Agency Communication Summary Date: _____

Employee Interview Summary Date: _____

_____ Interview Summary Date: _____

Final Determination/Adjustments/Plan of Action

Was Conflict Substantiated? YES NO **If Yes, please continue:**

Aide Disciplinary Action: _____

Contract Notified? YES NO Billing Adjusted? YES NO

OMIG Self-Disclosure? YES NO

Signature: _____ Date: _____
 Corporate Compliance Officer



EXCLUSIONS SCREENING

Excluded Individuals

- An individual or an entity can be excluded from Federal Healthcare programs due to:
 - Medicare fraud
 - Patient abuse or neglect
 - Felony convictions for financial misconduct in connection to health care
 - Felony convictions related to controlled substances



Why Does Your Agency Need to Conduct Screenings?

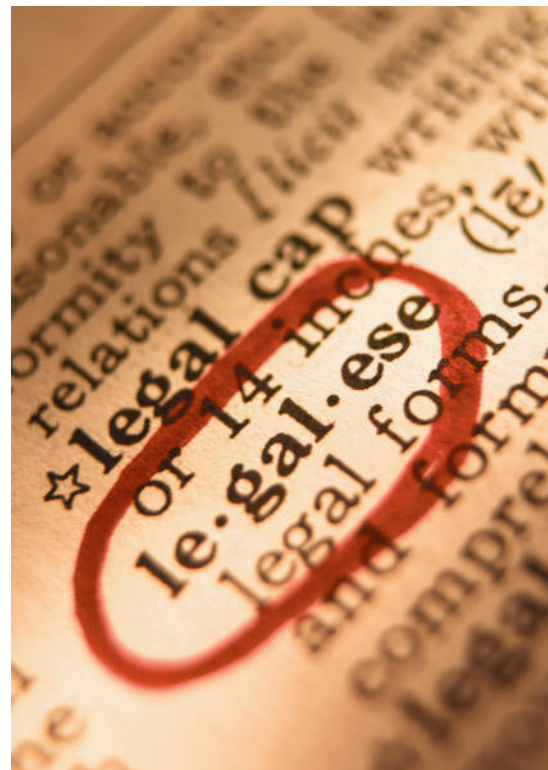
Federal:

[42 USC 1128](#)

NY State:

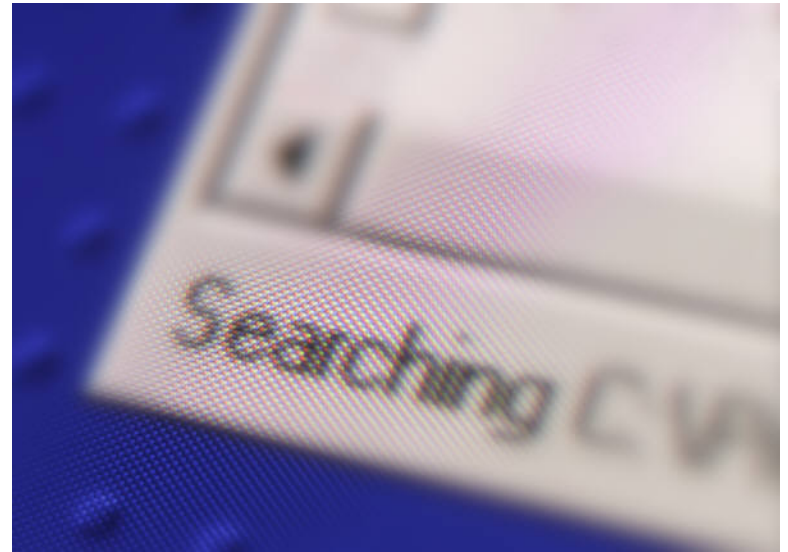
[18NYCRR 515.5](#)

- Excluded individuals should not receive payments
- ***Penalties: Fine + up to 3X payments received***



What Should An Agency Do?

- Check the State regulation to determine which lists should be checked
- All employees must be screened upon hire and monthly
- Applies to vendors and prescribing physicians as well



When Should the Agency Conduct Exclusions Screenings?

- At hire/beginning of the business relationship (vendors) or when the case is received (ordering physicians)
- &
- Every 30 days



Required Exclusion Authorities



New York Office of the
Medicaid Inspector
General (OMIG)

<https://www.omig.ny.gov/>



Office of the Inspector
General List of Excluded
Individuals/Entities
(OIG LEIE)

<https://oig.hhs.gov/>



System Awards
Management Excluded
Parties Lists (SAM-EPLS)

<https://www.sam.gov/>

Additional Exclusion Authorities



Office of the Inspector
General Most Wanted
Fugitives



National Plan & Provider
Enumeration System
(NPPES)



Office of Foreign Assets
Control – Specifically
Designated Nationals
(OFAC-SDN)



New York State
Education Office
of the Professions
(OP)



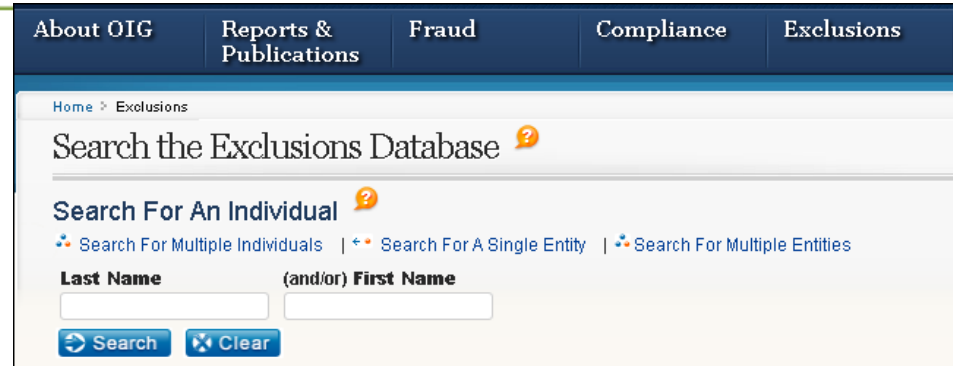
Social Security Death
Master File (DMF)



eMedNY Enrolled OPRA
(Ordering Prescribing
Referring Attending
Providers)

How Should the Agency Conduct Exclusions Screenings?

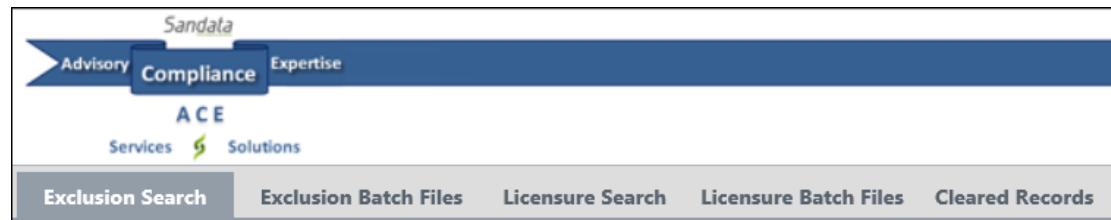
- ◆ Manual at hire and monthly



- ◆ Downloading the 3 databases every month




- ◆ Use a Vendor's exclusions screening portal




1. Review exclusions on names.
2. Review potential matches:
 - SSN
 - NPI/Licenses
3. Document results and notify the compliance officer

Note: Proof of at hire and searches must be kept, either in electronic format or paper.

Exclusions Search Results: Individuals 


No Results were found for

➤ Pares , Lisa

 **If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation**


[Search Again](#)

Search conducted 5/21/2018 5:31:04 PM EST on OIG LEIE Exclusions database.
Source data updated on 5/8/2018 9:08:00 AM EST.

Exclusions Search Results: Individuals 

Results were found for


➤ smith, john

 **If the name of the individual or entity appears below, click on the underlined last name or entity name to Verify the record. If the name does not appear in the search results below, print this Web page for your documentation.**

[Print Search Results](#)

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>General</u>	<u>Specialty</u>	<u>Exclusion</u>	<u>Waiver</u>	<u>SSN/EIN</u>
<u>SMITH</u>	JOHN	PHILIP	DOCTOR(MD, DO)	INTERNAL MEDICINE	1128(b)(4)		Verify
<u>SMITH</u>	JOHN	D	MEDICAL PRACTICE, MD	GENERAL PRACTICE	1128(b)(14)		Verify
<u>SMITH</u>	JOHN WILLIAM		MEDICAL PRACTICE, MD	PLASTIC SURGERY	1128(b)(4)		Verify
<u>SMITHER</u>	JOHN	BRIAN	IND- LIC HC SERV PROV	NURSE/NURSES AIDE	1128(b)(4)		Verify

To verify if you have a match, please enter a Social Security Number (SSN) or Employer Identification Number (EIN) without dashes (123456789).

[Verify](#) 

THANK YOU FOR YOUR TIME!

