

Amerigroup Community Care

Compliance webinar

Introductions

Amerigroup Compliance Team

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Topics for discussion

- Nondiscrimination
- Deficit Reduction Act (DRA)
- Background and exclusions checks





Nondiscrimination



Nondiscrimination

Title VI of the Civil Rights Act of 1964

- This is a federal law that protects members from discrimination based on their race, color or national origin in programs and activities that receive federal financial assistance.
- If members are eligible for Medicaid, other health care or human services, they cannot be denied assistance because of race, color or national origin.



Entities receiving financial assistance shall not do any of the following based on protected status

- Deny an individual a service, aid or other benefit
- Provide a benefit, etc. that is different or is provided in a different manner
- Subject an individual to segregation or separate treatment
- Restrict an individual in the enjoyment of benefits, privileges, etc.
- Treat an individual differently when determining eligibility
- Select sites or locations of facilities that exclude protected individuals



Dos and Don'ts for compliance with the ADA

Do:

- Provide services, programs and activities in an integrated setting.
- Make reasonable changes to policies, practices and procedures to avoid discrimination on the basis of disability.



 Provide auxiliary aids to individuals with disabilities (e.g., qualified interpreters, materials in Braille, etc.).



Dos and Don'ts for compliance with the ADA Don't:

- Refuse to allow a person with a disability to participate in or benefit from services, programs or activities.
- Provide services to individuals with disabilities through programs that are separate or different unless the programs ensure the benefits and services are equally effective.





The Age Discrimination Act of 1975

- This is a federal law that prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance.
- It applies to persons of all ages.
- It does not cover employment discrimination.
 - The Age Discrimination in Employment Act applies specifically to employment practices and programs, both in the public and private sectors, and applies only to persons over age 40.



The Age Discrimination Act of 1975

- *The Age Discrimination Act* contains certain exceptions that permit, under limited circumstances, the use of age distinctions or factors other than age that may have a disproportionate effect on the basis of age.
 - For example, *The Age Discrimination Act* does not apply to an age distinction contained in a part of a federal, state or local statute or ordinance adopted by an elected, general purpose legislative body that does the following:
 - Provides any benefits or assistance to persons based on age
 - Establishes criteria for participation in age-related terms
 - Describes intended beneficiaries or target groups in age-related terms



Section 504 of the Rehabilitation Act of 1973 (Section 504)

- This is a federal law that protects qualified individuals from discrimination based on their disabilities.
- The nondiscrimination requirements of the law apply to employers and organizations that received financial assistance from any federal department or agency:
 - It forbids organizations and employers from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services.
 - It defines the rights of individuals with disabilities to participate in, and have access to, program benefits and services.



Section 504 of the Rehabilitation Act of 1973 (Section 504)

- Section 504 protects qualified individuals with disabilities. Under this law, individuals with disabilities are defined as the following:
 - People who have physical or mental impairment that substantially limits one or more major life activities
 - People who have a history of (or who are regarded as having a) physical or mental impairment that substantially limits one or more major life activities



Members' rights

- We do not tolerate unfair treatment.
- No one is to be treated in a different way because of race, language, religion, birthplace, disability, sex, color or age.
- Members have the right to file a complaint if they feel they've been treated unfairly by Amerigroup or our providers.





Providers' responsibilities

- You must cooperate with Amerigroup and Division of TennCare during discrimination complaint investigations.
- You must assist members in obtaining discrimination complaint forms and Amerigroup contact information for filing the complaint (forms and contact information are available in the provider manual).



Interpreter/translator services

- Amerigroup offers providers interpreter/translator services free of charge for our members.
- Services are available 24 hours a day, 7 days a week.
- Over 170 languages are available.
- Contact our Provider Services department at 1-800-454-3730.
 - Members who are deaf or have a hearing impairment should call our TTY/TDD service at 711.



Nondiscrimination training presentations

- Nondiscrimination training materials and cultural competency training resources are available on the Amerigroup provider website: https://providers.amerigroup.com/TN.
- Nondiscrimination compliance training is available on the Division of TennCare website for entities contracted to provide services to TennCare recipients. It can be found at: https://www.tn.gov/content/dam/tn/tenncare/documents/ RightsAndResponsibilities.pdf





Deficit Reduction Act of 2005



The Deficit Reduction Act

The history of The Deficit Reduction Act (DRA) of 2005

- DRA was signed into law to help the Centers for Medicare & Medicaid Services (CMS) combat Medicaid fraud, waste and abuse.
- Under the DRA, the Medicaid Integrity Program (MIP) was implemented.
- CMS has two broad responsibilities under MIP:
 - Hiring contractors to review Medicaid provider activities
 - Providing support and assistance to states



Federal False Claims Act and Tennessee Medicaid False Claims Act

 These state that providers and affiliates are required to abide by federal and state laws and regulations governing the administration and operations of managed entities within the health care program.



- The Federal False Claims Act (Deficit Reduction Act 6032) and Tennessee Medicaid False Claims Act establish liability for a number of activities related to knowingly falsifying claims, records or practices.
- Violation of these acts may result in penalties, damages, suspension or debarment.



Whistleblower protection

 This is protection at federal and state levels against retaliation for anyone providing a good faith report or filing and/or participating in litigation or other investigations under the various false claims acts.



Reporting fraud

Any suspected fraud and abuse can be reported via:

- Amerigroup Compliance Hotline at 757-518-3633.
- Office of Inspector General (OIG) at 1-800-433-3982 for member fraud.
- Tennessee Bureau of Investigation (TBI) at 1-800-433-5454 for provider fraud.
- TennCare website at https://www.tn.gov/tenncare > Stop TennCare
 Fraud.





Mandatory Federal False Claims Act education and DRA compliance

Education for employees, contractors and agents are available for:

- *Federal False Claims Act* and administrative remedies for false claims and statements.
- Any civil or criminal penalties under Tennessee Medicaid False Claims laws.
- Whistleblower protections under federal and state law.



Annual DRA review

Amerigroup conducts an annual compliance review of contracted providers to ensure awareness of their obligation to educate their employees and contractors on the provisions of the federal and state false claims acts and whistleblower protections in accordance with the DRA.

Providers are asked to provide Amerigroup with the following:

- Documentation of their employee handbook, training, or policies and procedures communicated to staff regarding the federal and state false claims acts and whistleblower protections.
- Evidence to confirm the method of distribution utilized to share this education with staff, including training logs, emails, website postings, etc.







Background checks

Providers have an obligation to:

- Conduct background checks in accordance with Tennessee law to include, at a minimum, a check of the following:
 - The Tennessee Abuse Registry.
 - The National and Tennessee Sex Offender Registry.
 - The OIG List of Excluded Individuals/Entities (LEIE).
- Maintain documentation.



Exclusion checks

- Providers receiving Medicaid funds must take steps to ensure employees and contractors are not excluded from program participation.
- Providers must screen against the System for Award Management (SAM) database found at https://sam.gov/SAM.
- Providers must use the United States Department of Health and Human Services — OIG's LEIE database found at https://oig.hhs.gov/exclusions/index.asp.
 - Must be used prior to hiring/contracting
 - Must be used on a monthly basis



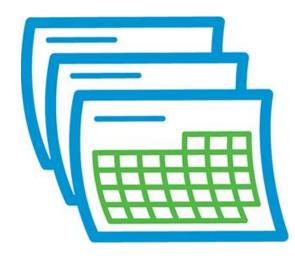
Exclusion checks

 Discovered exclusions should be reported via fax to the attention of the Amerigroup Community Care Plan Compliance Officer at 1-866-796-4532.



Annual background and exclusion checks review

- This consists of a compliance review of contracted providers.
- The focus is providers' obligation to perform background checks (in accordance with Tennessee code annotated §63-1-149 and TennCare Managed Care Organization Contractor Risk Agreement annotated §2.29.2.2) and monthly employee exclusion screenings.





Annual background and exclusion checks review

- Providers should supply documentation of:
 - Policies and procedures on these processes.
 - Performance of required background checks.
 - Performance of required monthly exclusion screenings.







Questions?



