



Health Care Reform High-Risk Services

Tip Sheet

Below is a quick look at key ways in which new anti-fraud provisions under the Affordable Care Act (ACA) focus on high-risk areas.

DME Fraud

To help reduce opportunities for DME fraud, the ACA:

- Requires a physician, nurse practitioner, clinical nurse specialist, or physician assistant to have a face-to-face encounter (including via telehealth) with an individual before issuing a certification for DME.
- Requires that DME supplies must be ordered by an enrolled Medicare eligible professional or physician.
- Requires more thorough screening of those categories of providers and suppliers that have been identified as posing a higher risk of fraud to the Medicare program.
- Allows HHS to prohibit new DME providers from joining the program in certain geographic areas or where necessary to prevent or combat fraud, waste or abuse.

The Patient Protection and Affordable Care Act, more commonly known as the **Affordable Care Act**, enacted in 2010, provides tools to prevent, detect and take strong enforcement action against fraud in the durable medical equipment, home health, hospice and other sectors.

Home Health Fraud

To help reduce opportunities for fraud in the home health industry, the ACA:

- Requires physicians who order home health services to be enrolled in Medicare.
- Requires a face-to-face encounter within the 90 days prior to the start of home health care, or within the 30 days after the start of care.

Hospice Fraud

To help reduce opportunities for fraud in hospice, the ACA:

- Generally requires face-to-face encounters with every hospice patient to determine continued eligibility prior to 180-day recertification, and prior to each subsequent recertification and an attestation that such a visit took place.

Medicare Advantage Fraud

To help reduce opportunities for Medicare Advantage program fraud, the ACA:

- Establishes new penalties for Medicare Advantage and Part D plans that violate marketing regulations or submit false bids, rebate reports, or other submissions to CMS.

Protect, Detect, Report

- Phases out overpayments to private Medicare Advantage plans to bring payments more in line with traditional Medicare.

Nursing Home Fraud

To help reduce opportunities for fraud in nursing homes, the ACA:

- Requires that Skilled Nursing Facilities (SNFs) and nursing facilities (NFs) make available information on ownership of the facility, including a description of the facility's governing body, director, officers, partners, trustees, and managers.
- Requires SNFs and NFs to operate a compliance and ethics program that will effectively prevent and detect criminal, civil, and administrative violations.
- Requires a nationwide program for national and state background checks on prospective direct patient access employees of long-term care facilities and providers. The government's Nursing Home Compare Medicare website (www.medicare.gov/NHCompare/) includes information on the number of instances of judicial review of criminal violations by a facility or its employees.

How Your Senior Medicare Patrol (SMP) Can Help

The local SMPs are ready to provide Medicare beneficiaries with the information they need to **PROTECT** seniors from Medicare errors, fraud and abuse; **DETECT** potential errors, fraud and abuse; and **REPORT** their concerns. SMPs use trained senior volunteers to help educate and empower older adults in the fight against health care fraud. The local SMP can help beneficiaries with questions, concerns or complaints about potential fraud and abuse issues. It also provides information and speakers for your facility.

For assistance, call your local SMP program: 1-800-247-4422



For more information or to locate your state SMP, visit www.smpresource.org
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