

ACA Fraud Prevention Provisions by Sector

Below is a quick look at key ways in which the ACA focuses 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 types of providers and suppliers that have been identified in the past as posing a higher risk of fraud.
- 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.

Home Health Fraud

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

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

Hospice Fraud

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

- Requires face-to-face encounters with every hospice patient to determine continued eligibility at the 180-day recertification, and prior to each 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.
- 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, managers and anyone else associated with the facility.

- 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.
- Makes it easier for the DOJ to investigate potential fraud or wrongdoing at facilities such as nursing homes.

Sources:

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Medicare and the New Health Care Law — What it Means for You, www.medicare.gov/Publications/Pubs/pdf/11467.pdf

New Tools to Fight Fraud, Strengthen Medicare and Protect Taxpayer Dollars, http://www.healthcare.gov/news/factsheets/new_tools_to_fight_fraud.html

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