Program Integrity and Quality of Care—An Overview for Nursing Home Providers

Nursing homes are a necessary service for many Americans. Many nursing facilities receive payment from both Medicare and Medicaid for services provided to their residents. The Centers for Medicare & Medicaid Services (CMS) guidance for nursing facilities will address concerns in both programs.[1, 2] These concerns include quality of care, submitting accurate claims, the Federal Anti-Kickback Statute, and other areas of risk. This fact sheet provides a brief overview of Medicaid provider program integrity rules and quality of care in nursing facilities.

Fraud, Waste, and Abuse

Understanding fraud, waste, and abuse can help providers avoid errors that could cause problems for themselves or the facilities where they work. Fraud is a crime that involves intentional deception or misrepresentation made by a person that could result in a benefit to himself or another person. Waste and abuse may not be intentional, but such conduct harms everyone involved by increasing the cost of health care.

Investigations that lead to criminal fraud charges often start with identifying improper payments. Improper payments may occur when Medicaid funds are paid to the wrong entity, are paid in the wrong amount, or are not supported by documentation or policy.[3]

Quality of Care

As a nursing home provider, you are responsible for providing quality care that is necessary and correct, meets acceptable standards of practice, meets the individualized preferences and needs of the resident, and is given with respect.[4] The Social Security Act requires each nursing home to protect and promote the rights of its residents, including the right to free choice; the right to be free from restraints; and the right to ensure dignity, privacy, confidentiality, and respect.[5]

"Inadequate staffing is one of the most common complaints about nursing home care."[6] Medicare- and Medicaid-certified nursing homes must have a registered nurse as the full-time director of nursing; a registered nurse on duty at least 8 consecutive hours a day, 7 days a week; and 24-hour licensed nursing services (registered nurse or licensed practical nurse) available.[7, 8]

Abuse and Neglect of Residents in a Nursing Home

Nursing home residents deserve to live free from fear of abuse and neglect. Neglect is the "failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness."[9] On the other hand, "abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish."[10] Residents have the "right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion."[11] It is important to understand the difference between abuse and neglect, to recognize the signs, and to know how to report a concern.

If abuse or neglect is suspected, the resident should be given an appropriate medical examination, by a third party if necessary, to determine whether abuse or neglect has occurred and the extent of any treatment or therapy necessary to address concerns. If the resident has been abused or neglected, the Administrator or Director of Nursing is responsible for ensuring the future safety of the resident and investigating causes and responsible parties.

Report Suspected Acts

If you have concerns about treatment of a nursing home resident, contact your local ombudsman. Contact information is provided on signs posted throughout the nursing facility, or visit <u>http://theconsumervoice.org/</u>get_help on the National Consumer Voice for Quality Long-Term Care website to find one in your area.[12]

Report any abuse of a nursing home resident to your State Medicaid Fraud Control Unit. It is the agency's job to investigate allegations of patient abuse in nursing homes. You may also contact the U.S. Department of Health and Human Services, Office of Inspector General by email at <u>HHSTips@oig.hhs.gov</u> or by telephone at 1-800-HHS-TIPS (1-800-447-8477), TTY: 1-800-377-4950.

To see the electronic version of this fact sheet and the other products included in the "Nursing Home" Toolkit, visit the Medicaid Program Integrity Education page at <u>https://www.cms.gov/Medicare-Medicaid-Coordination/</u>Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html on the CMS website.

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References

1 U.S. Department of Health and Human Services. Office of Inspector General. (2000, March 16). Publication of the OIG Compliance Program Guidance for Nursing Facilities. 65 Fed. Reg. 14289. Retrieved October 20, 2015, from https://oig.hhs.gov/authorities/docs/cpgnf.pdf

2 U.S. Department of Health and Human Services. Office of Inspector General. (2008, September 30). OIG Supplemental Compliance Program Guidance for Nursing Facilities. 73 Fed. Reg. 56832. Retrieved October 20, 2015, from https://oig.hhs.gov/compliance/compliance-guidance/docs/complianceguidance/nhg_fr.pdf

3 U.S. Government Accountability Office. (2012, June 14). Testimony. National Medicaid Audit Program. CMS Should Improve Reporting and Focus on Audit Collaboration With States (p. 1, note 2). Retrieved October 20, 2015, from http://www.gao.gov/assets/600/591601.pdf

4 Social Security Act § 1919(b). Requirements Relating to Provision of Services. Retrieved October 20, 2015, from https://www.ssa.gov/OP_Home/ssact/title19/1919.htm

5 Social Security Act § 1919(c)(1). General Rights. Retrieved October 20, 2015, from <u>https://www.ssa.gov/OP_</u>Home/ssact/title19/1919.htm

6 Weiner, J., Freiman, M., & Brown, D. (2007, December). Nursing Home Care Quality. Twenty Years After the Omnibus Budget Reconciliation Act of 1987 (p. 16). The Henry J. Kaiser Family Foundation. Retrieved October 20, 2015, from http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7717.pdf

7 State Operations Manual. (2015, February 6). Appendix PP—Guidance to Surveyors for Long Term Care Facilities. F354. 42 C.F.R. § 483.30(b)(2). Retrieved May 21, 2015, from <u>https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf</u>

8 Required Nursing Care; Facility Waivers, 42 U.S.C. § 1396r(b)(4)(c). Retrieved June 13, 2014, from http://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap7-subchapXIX-sec1396r.pdf

9 Definitions, 42 C.F.R. § 488.301. Retrieved October 20, 2015, from http://www.ecfr.gov/cgi-bin/text-idx?SID= cc7f5394b6bf1b100a769ed57badc7ce&node=42:5.0.1.1.6.5.14.2&rgn=div8

10 Definitions, 42 C.F.R. § 488.301. Retrieved October 20, 2015, from http://www.ecfr.gov/cgi-bin/text-idx?SID =cc7f5394b6bf1b100a769ed57badc7ce&node=42:5.0.1.1.6.5.14.2&rgn=div8

11 Resident Behavior and Facility Practices, 42 C.F.R. § 483.13. Retrieved October 20, 2015, from http://www.ecfr.gov/cgi-bin/text-idx?SID=97337d64ef0e3ed8cdf5be4ca3babe98&node=42:5.0.1.1.2.2.7.5&rgn=div8

12 National Consumer Voice for Quality Long-Term Care. Locate an Ombudsman. Retrieved October 20, 2015, from http://theconsumervoice.org/get_help

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