



# ANNUAL TRAINING 2021

Title VI; Fraud, Waste, and Abuse; HIPAA

# Questions:

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To ask a questions, or make a comment, about todays training send an e-mail to: **dprince@ucdd.org**



# Title VI

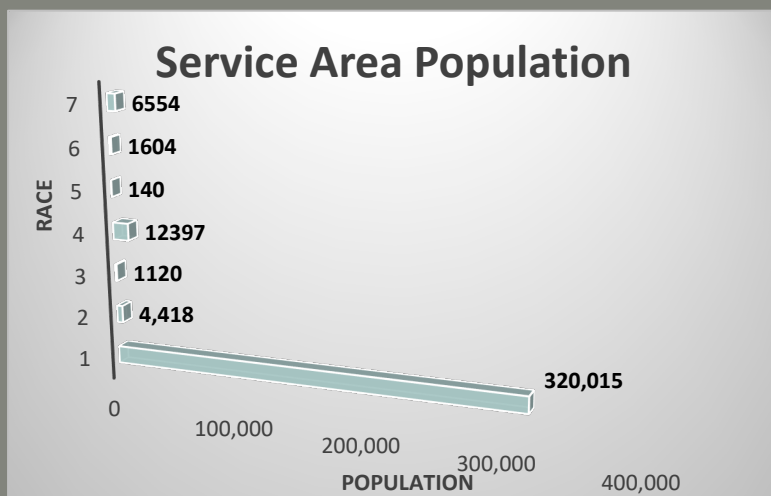
## Know Your Demographics

### Service Area Population

Female.....	171,389	53.32%
Male.....	166,769	49.32%

White.....	320,015	92.42%
Black or African American.....	4,418	1.28%
American Indian .....	1,120	0.33%
Hispanic.....	12,397	3.67%
Hawaiian Other Pacific Islander.....	140	00.0%
Asian.....	1,604	0.47%
Other.....	6,554	01.9%

**\*2020 Census Data from <https://suburbanstats.org/population/tennessee>**





## Title VI

### What Is Title VI?

“No person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”





## Title VI



## Who Does Title VI Apply To?

Title VI of the Civil Rights Act of 1964 applies to both Recipients and Sub- recipients of Federal monies.

## What Are The Protected Classes Under Title VI?

### Race

- U.S. Census categories define race
- Persons of any race are protected classes

### Color

- Discrimination based on skin color or complexion is prohibited

### National origin

- Foreign born ancestry



## Title VI

### What Does Title VI Do?

It prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. And encourages the inclusion of minorities in activities.

#### Prohibits entities from:

- Denying services, financial aid, or other benefits
- Providing different services, benefits, or providing services in a different manner
- Segregation
- Requiring different standards based on the protected classes



## Title VI

### What Does Title VI Do?

- Encourages the participation of minorities as members of planning or advisory bodies for programs receiving federal funds
- Requires information and services be provided in languages other than English when significant numbers of beneficiaries are of limited speaking ability.
- Requires entities to notify the respective population about applicable programs.
- Paved the way for Title VII (prohibits discrimination based on race, color, religion, sex, or national origin) and Title IX (prohibits discrimination in education programs).





## Title VI

To contact AVAZA via telephone,  
please call either:

1.800.482.8292

1.615.534.3400



## Limited English Proficiency (LEP)

- Title VI regulations also require that responsible steps be taken to ensure meaningful access to the benefits, services, information and other important portions of their programs and activities for individuals who are LEP.
- LEP: Persons for whom English is not their primary language and who have limited ability to speak, understand, read or write English.
- It includes BOTH people who reported to the US Census that they do not speak English well AND people who reported that they do not speak English at all.





# Title VI

Limited English Proficiency (LEP)

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## Title VI

# Disparate Treatment and Disparate Impact

- Disparate Treatment: An intentional decision to treat individuals differently based on a protected class
- Disparate Impact: A facially neutral policy or practice that has a disproportionate adverse impact on members of a protected group



## Title VI

### Filing A Title VI Complaint

Program participants or potential beneficiary of any AAAD program should submit complaint to:

**Damon Prince**

HR Manager/Title VI Officer  
580 S. Jefferson Ave., Suite B.  
Cookeville, Tennessee 38501



ADA



## Americans With Disabilities Act

### Section 504 of the Rehabilitation Act of 1973

- Prohibits discrimination based on disability for entities receiving federal financial assistance
- No individual with a disability...shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance...

### Title II of the Americans with Disabilities Act of 1990, as amended

- Prohibits discrimination based on disability by State and local government entities
- Subject to the provisions of this title, no individual shall, by reason of such disability, be excluded from participation in or denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by an such entity.



ADA

# Americans With Disabilities Act

## Who is covered?

1. Individuals with a disability
  - Definition of Disability: Physical or mental impairment that substantially limits one or more major life activities
2. Individual that is Qualified.
  - Meets essential eligibility requirements, and
  - Can perform essential function with or without *reasonable accommodation*



# HIPAA



## Health Insurance Portability and Accountability Act

- Federal law passed by Congress in 1996
- Guidelines implemented in April 2003
- HIPAA regulations were designed to:
  - Protect persons right to privacy and confidentiality
  - Assure security of personal information transferred or maintained in any form



# HIPAA

## What does HIPAA do?

- Gives individuals more control over their protected health information (PHI).
- Set boundaries on the use and disclosure of health records.
- Establish safeguards to protect all PHI.
- Hold violators accountable through civil and criminal penalties
- Prior to HIPAA, no generally accepted set of security standards or general requirements for protecting health information existed



# HIPAA

## What is PHI?

- Health information, including demographic information
- Relates to an individual's physical or mental health or the provision of or payment for health care
- Identifies the individual
  - Name
  - Address
  - Date of Birth
  - Social Security Number
- Also includes e-PHI (“electronic protected health information”)

45 CFR§ 160.103





# HIPAA

## General Rule

- Covered Entity may not use or disclose PHI, except as permitted or required by Privacy Rule.
- Information can be disclosed to HHS, to investigate or determine compliance with Privacy Rule

45 CFR § 164.502(a)



# HIPAA



## Permitted Uses and Disclosures

### Individual

- A covered entity may disclose protected health information to the individual who is the subject of the information.

### Treatment, payment and Health Care Operations

- A covered entity may use and disclose protected health information for its own treatment, payment, and health care operations activities.<sup>19</sup> A covered entity also may disclose protected health information for the treatment activities of any health care provider.

### Opportunity to Agree or Object

- Informal permission may be obtained by asking the individual outright, or individual is incapacitated, in an emergency situation, or not available, covered entities generally may make such uses and disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual.



# HIPAA

## Permitted Uses and Disclosures

### Public Interest

- Required by Law.- Covered entities may use and disclose protected health information without individual authorization as required by law (including by statute, regulation, or court orders).
- Victims of Abuse, Neglect or Domestic Violence.
- Law Enforcement Purposes.- to identify or locate a suspect, fugitive, material witness, or missing person

### Incidental Use and Disclosure

- Information being shared was limited to the “minimum necessary,”



# HIPAA

## Permitted Uses and Disclosures

### Limited Data Set

- protected health information from which certain specified direct identifiers have been removed.<sup>43</sup> A limited data set may be used and disclosed for research, health care operations, and public health purposes

### Authorization

- A covered entity must obtain the individual's written authorization for any use or disclosure of protected health information that is not for treatment, payment or health care operations or otherwise permitted or required by the Privacy Rule.<sup>44</sup> (disclosures to a life insurer for coverage purposes, pre-employment physicals or lab tests)



# HIPAA



## Protection

- PHI should be shared with as few individuals as needed to ensure patient/client care and then only to the extent demanded by the individual's role
- Do not discuss PHI in common areas
- Protect and secure files.
- Include a Confidentiality Notice on email messages, faxes etc.
- Don't throw PHI in trash



# HIPAA



## Potential Consequences of HIPAA Violations

- Civil penalties (no willful neglect)
  - \$100 per violation
  - Capped at \$25,000 per year
- Criminal penalties (deliberate violations)
  - Up to \$50,000 & one year imprisonment
  - Up to \$100,000 & five years imprisonment
    - False pretenses
    - \$250,000 (intent to sell or use for personal gain)

**Report violations to the Human Resources Department**



# FACTA

## FACTA: Fair and Accurate Credit Transactions Act

- FACTA is an amendment to [FCRA](#) (Fair Credit Reporting Act ) that was added, primarily, to protect consumers from [identity theft](#) and consumer fraud.
- The Act stipulates requirements for information privacy, accuracy and disposal and limits the ways consumer information can be shared.
- Effective June 1, 2005
- All companies in United States affected by this legislative act.

### Why was FACTA needed?

- Identity theft is considered the fastest growing crime in the country, FTC.



# FACTA

## FACTA

- It enforces the proper destruction of consumer information such as; name, address, SSN, credit information and the data compiled from this information
- It gives consumers the right to one free credit report a year from the credit reporting agencies,





# FACTA

## FACTA: Protect Against Unauthorized Access

- “Any person who maintains or otherwise possesses consumer information, or any compilation of consumer information, derived from consumer reports for a business purpose” in electronic or paper form must “take reasonable measures to protect against unauthorized access or use of the information in connection to protect against unauthorized access or use of the information in connection with its disposal.”
- FACTA requires that all businesses, regardless of size and industry, properly protect and dispose of the personal information they collect about their customers and employees. (*Certificate of Destruction*)



# FACTA

## FACTA

- If you fail to comply with FACTA regulations and become a victim of a data breach leading to identity theft cases for your customers, you can expect to face class action lawsuits that will be financially crippling.
- FACTA states that failure to comply can lead to fines of up to \$1,000 per individual violation, *even if the consumer did not suffer damages* from identity theft.



# Whistleblower



## Whistleblower Protection Act

- Whistleblower rights and protections were initially addressed by the [Civil Service Reform Act of 1978](#). In 1989, Congress passed the Whistleblower Protection Act to “strengthen and improve protection for the rights of federal employees, to prevent reprisals, and to help eliminate wrongdoing within the Government.” One way the law did this was by clarifying the procedure by which employees could report wrongdoing and workplace retaliation

- A violation of law, rule, or regulation
- Gross mismanagement
- Gross waste of funds
- Abuse of authority
- Substantial and specific danger to public health or safety

The federal **False Claims Act** (qui tam) provision is one of the strongest whistleblower protection laws. It allows private persons to bring lawsuits on the governments behalf with a



## Fraud, Waste & Abuse

### **Fraud, Waste & Abuse**

The purpose of the Fraud and Abuse Policy is to comply with the requirements of the Deficit Reduction Act of 2005 with regard to Federal and State false claims laws.

The development of policies and education relating to false claims, whistleblower protections, and procedures for detecting and preventing fraud and abuse must be implemented. The policy is designed to meet regulatory requirements and protect providers, vendors, and employees.



## Fraud, Waste & Abuse

### Definition of Fraud

An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.

### Can include:

- False statements or deliberate omission of information that is critical in the determination of authorization and payment for services.
- Billing for services that were never rendered
- Billing for more expensive services or procedures than were actually provided or performed



# Fraud, Waste & Abuse

## ABUSE

- Practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to health programs, or in reimbursement of services that are not necessary, or that fail to meet professionally recognized standards for health care.
- It also includes recipient practices that result in unnecessary cost to the Medicaid/TennCare Program or to the Federal or State Government.
- Abuse can result in the same process impediments and unnecessary cost of care as fraud.



# Fraud, Waste & Abuse

## Differences

*The difference between fraud and abuse is the intent behind the action.*

- **Fraud** is intentional deception or misrepresentation with knowledge that the information is false.
- **Abuse** involves actions that are inconsistent with sound fiscal, business or accepted behavioral healthcare practices and result in an unnecessary cost or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare



## Fraud, Waste & Abuse



### Prevent *Fraud and Abuse*

- Ensure all member information you submit is accurate and the services provided are in the best interest of your Client
  
- Ask yourself the following questions:
  - *Have I listed the right client and verified eligibility?*
  - *Have I verified the client's identity*
  - *Is this service necessary?*
  - *Do I have the correct data?*
  - *Are my dates of service correct and length of each session accurate?*
  - *Have the services for which I am billing been performed?*
  
- Promote a culture of compliance





# Fraud, Waste & Abuse

## Waste

- Waste is the inappropriate or inefficient use of resources
- Waste also refers to useless consumption or expenditure without adequate return, or an act or instance of wasting.



# Fraud, Waste & Abuse

## Violations

### **Fraud waste and abuse is Regulated by law.**

- Federal False Claims Act
- Anti-Kickback Statute
- Beneficiary Inducement Law
- Exclusion Statute
- Whistleblower Protection Act
- Other Relevant Federal FWA Laws Physician Self-Referral Prohibition (Stark Law)
- Civil Monetary Penalties Law (CMPL)
- Health Insurance Portability and Accountability Act (HIPAA)
- Deficit Reduction Act of 2005



## Fraud, Waste & Abuse



## Reporting Fraud, Waste and Abuse

1-800-232-5454

Cookeville Regional Office:

1100 England Dr.; Ste. 3A & 3B

Cookeville, TN 38501

931-528-3563



## Anti-Kickback



## 5.12 Gifts and Gratuities-Acceptance Prohibited

Employees of the Agency, and of its subcontract agencies, are prohibited from accepting gifts, money, and gratuities from persons receiving benefits or services of the agency or those performing services under contract or otherwise in a position to benefit from an employee action.

## Anti-Kickback Statute

- The anti-kickback statute makes it illegal for providers (including physicians) to knowingly and willfully accept bribes or other forms of payments in return for generating business.



# Timesheets/ Timekeeping

**Weekly Timesheet**

**GPetrium**  
1000 Dundas, Toronto, Ontario  
(111) 111-1111  
[www.gpetrium.com](http://www.gpetrium.com)

Employee: Name \_\_\_\_\_  
E-mail \_\_\_\_\_  
Manager: Name \_\_\_\_\_  
E-mail \_\_\_\_\_

Week Ending: 2020-01-10

Project/ Client	Code/ WBS	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Weekly Hours	OT Hrs	Total Hours
Solar Ariba	A1K2	5	7	3	7	0			22	3	25
Almerin	P1O2	3	1	3	1	0			8		8
									0		0
									0		0
									0		0
									0		0
									0		0
									0		0
									0		0
									0		0
									0		0
Holiday						8			8		8
Vacation									0		0
Personal									0		0
Sick									0		0
Other									0		0
<b>Hours</b>		8	8	6	8	8	0	0	38	3	41

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

## 6.9 Timesheets and Wage Payments

The standard work week shall start at 12:01 a.m. Sunday and shall continue until midnight the following Saturday. A properly completed time sheet will be submitted two times each month on a schedule published by the Finance Director. Timesheets are due two (2) business days immediately following the most recent pay day.

Any corrections or additions necessary to process an employee's signed timesheet must be made by the employee whose timesheet includes errors or omissions. Employees must then initial the correction(s) and resubmit for processing. Timesheets should reflect actual time worked. Time should be charged to the correct department(s) for which the work is being done. Questions about how to record your time should be directed to your supervisor and/or Human Resources.

Your Supervisor will answer any questions you may have about your pay. If you feel an error has been made, bring it to the attention of your Supervisor for investigation and correction as necessary. As a general rule, paycheck corrections will be made in the next paycheck.



# Harassment

## 4.3 Workplace Violence

The Agency strives to provide a safe workplace for all employees. In an effort to ensure a safe workplace and to reduce the risk of violence, all employees should review and understand all provisions of this workplace violence policy. Any type of workplace violence committed by or against another employee is strictly prohibited and will not be tolerated. Employees are prohibited from making threats or engaging in violent activities. The following lists of behaviors, while not inclusive, provide examples of conduct that is prohibited.

Behaviors that cause physical injury to another person, making threatening remarks, aggressive, hostile or intimidating behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress. Other examples include intentionally damaging employer property or property of another employee, possession of a weapon while on Agency property or while on Agency business, and committing acts motivated by or related to sexual harassment or domestic violence. ... (Continued)

## 4.4 Sexual Harassment

It is the policy of UCHRA to provide a working environment free of sexual harassment. Any manner or form of sexual harassment is expressly prohibited and will not be tolerated. Allegations of sexual harassment will be promptly and thoroughly investigated, and if warranted, appropriate disciplinary action taken. Any employee wishing to report, in good faith, an incident of sexual harassment may do so verbally or in writing, without fear of reprisal. Also, any employee assisting in the investigation of a complaint will not be adversely affected in the terms and conditions of his/her employment....(continued)

The intent of all investigations will be to ensure protection for victims and witnesses against retaliation. There will be no retaliation against anyone who, in good faith, complains of or opposes harassment or participates in any investigation. Employees who believe that they have been retaliated against should immediately notify his/her Supervisor, Department Director or Human Resource Department (Continued)



# Harassment

## Types of Harassment

- Quid Pro Quo- the aggressor threatens to withhold, or promises to give employment benefits in exchange for sexual favors
- Hostile Environment: Harassing conduct is so severe or pervasive in the workplace that it creates an intimidating, hostile, or offensive work environment for the target of the conduct
- Retaliation of any kind is strictly prohibited. Employees should not be retaliated against for reporting or engaging in any type of investigation or complaint.





# Harassment



## How to Report Harassment

### 3.1 Open Door Policy

Our Agency is committed to maintaining a productive open-door policy. Normally, an employee will be expected to use the grievance procedure to resolve a problem, however, an employee may meet first with the County Coordinator, Department Director, Human Resource Department or Executive Director to discuss a problem or complaint of a personal nature. As a courtesy, we do ask that if you should have an issue, that you follow the chain of command by allowing your immediate supervisor an opportunity to correct the situation first. If the situation is not corrected or if the issue is directly related to your immediate supervisor, you shall proceed to the next level of management until either your issue is resolved, or final determination is made by the senior authority, the Board of Directors. In order for our open-door policy to be an effective means of communication, it must have the support of all levels of management. There will be no retaliation against an employee for using the open-door procedure.

### 4.9 Grievance Procedure

**Definition of Grievance:** A grievance is defined as a written statement to the Executive Director by any current employee who describes a specific unresolved action or situation or currently existing condition, which the employee believes to be in violation of these Personnel Policies, other Agency policies and/or procedures or laws and regulations governing Agency operation and management. The grievance must specifically state the action or remedy desired or requested by the aggrieved. The Grievance procedure is only available to current UCHRA employees....

***Please see the UCHRA Handbook for the entire Grievance Policy.***





## Fraud, Waste & Abuse

# Sensitivity Training Notes

### **Play your part in the workplace:**

- Avoid participation in “inappropriate behavior”
- Respect your co-workers, regardless of differences
- Do not jump to conclusions based on actions or physical appearance
- Engage in views from another perspective
- Open to change, adjustment, or revision
- Proper Communication – verbal and email
- Professionalism...most of the time...