



DEPARTMENT: Compliance	POLICY DESCRIPTION: Billing
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REVISION DATES:	EFFECTIVE DATE: March 13, 2020

SCOPE

This policy is applicable to all company affiliated Centers and employees.

PURPOSE

To establish the basic guidelines regarding accurate billing for Center services.

POLICY

Diversicare is committed to prompt, complete, and accurate billing of all services provided to residents, government agencies, or other third-party payors. Billing shall be made only for services actually provided, directly or under contract, pursuant to all terms and conditions specified by the government or third-party payors and consistent with industry practice.

PROCEDURE

Diversicare and its employees shall not make or submit any false or misleading entries on any bills or claim forms, and no employee shall engage in any arrangement, or participate in such an arrangement at the direction of another employee (including an officer of Diversicare or a supervisor), that results in such prohibited acts. Any false statement on any bill or claim form shall subject the employee to disciplinary action by Diversicare, including possible termination of employment.

False claims and billing fraud may take a variety of different forms, including, but not limited to, false statements supporting claims for payment, misrepresentation of material facts, concealment of material facts, or theft of benefits or payments from the party entitled to receive them. A simple definition of fraud would be “an intentional deception made by a person who knows that the deception will result in an authorized benefit to himself or another person.” False claims can be defined as “a demand for payment by a person who knows that the demand, either in whole or in part, is not true.”

Diversicare and its employees shall specifically refrain from engaging in the following billing practices:

- Making claims for items or services not rendered or not provided as represented on the claim for reimbursement (such as billing for three hours of therapy when only a few minutes were provided);
- Submitting claims to Medicare Part A for residents who are not eligible for Part A coverage; in other words, who do not require services that are so complex that they can only be effectively and efficiently provided by, or under the supervision of, professional or technical personnel (except in the case of demand bills requested by the beneficiary or other third-party payor);

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- Submitting claims to any payor, including Medicare and/or Medicaid, for services or supplies that are not medically necessary or that were not ordered by the resident’s physician, technical personnel, or other authorized caregiver;
- Submitting claims to any payor, including Medicare and Medicaid, for individual items or services when such items or services either are included in the center’s per diem rate for a resident or are of the type that may be billed only as a unit and not unbundled;
- Double billings (billing for the same item or service more than once);
- Providing inaccurate or misleading information for use in determining the resource utilization groups (RUGs) assigned to the resident, including but not limited to, misrepresenting a resident’s medical condition on the minimum data set (MDS);
- Paying or receiving anything of financial benefit to induce or cause referrals for items or services paid by Medicare or Medicaid (such as receiving non-covered medical products at no charge in exchange for ordering Medicaid-reimbursed products); or
- Failing to identify and pay credit amounts owed to residents/payors within the applicable state and/or federal guidelines.

If an employee has any reason to believe that anyone (including the employee himself or herself) is engaging in false billing practices, that employee shall immediately report the practice to his or her immediate supervisor, the compliance hotline, or the Corporate Compliance Officer.

Failure to act when an employee has knowledge that someone is engaged in false billing practices shall be considered a breach of that employee’s responsibilities and shall subject the employee to disciplinary action by Diversicare, up to and including termination of employment.