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Housekeeping

Medicaid
HCSC

1. Post questions. One of our moderators will select the questions to present to Dr. Bailey and our panelists. We will not be able to get to all the questions. Send your questions to kchung@special-learning.com. If possible, we will attempt to address them post webinar.
2. If you experience technical issues during the webinar, contact GotoWebinar directly by calling (877) 582-7011.
3. There will be a 5 minute break near the half way point.
4. Complimentary 30-day access to a recorded version of this webinar will be available in 7 to 10 days. You will receive an eMail with login instructions.
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Learning Outcomes

1. Participants will understand the purpose and meaning of the BACB Ethics Code.
2. Participants will learn about the history behind the Medicaid fraud perpetuated by behavioral care agencies in South Florida that resulted in 6 month moratorium on adding new Behavior Analysis providers.
3. Participants will learn about the consequences facing 4 behavioral care agencies sanctioned by AHCA
4. Participants will understand the impact of the Healthcare fraud to other behavioral agencies and professionals who provide ABA services
5. Participants will understand the impact of the Healthcare fraud to the field of ABA
6. Participants will understand the impact of the Healthcare fraud to clients.
7. Participants will understand the sections of the Ethics Code that addresses billing related issues.
8. Participants will understand the consequences of failing to report egregious ethics violations and its resulting impact on the client, professionals and the field of behavior analysis.



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Presenter Bio



Dr. Jon Bailey, PhD, BCAB-D received his PhD from the University of Kansas and is currently Professor Emeritus of Psychology at Florida State University, where he was a member of the graduate faculty for 38-years and produced a record 63 PhDs. He is currently Director of the FSU Panama City Masters Program in Applied Behavior Analysis.

Dr. Bailey is a Board Certified Behavior Analyst. He is Secretary/Treasurer and Media Coordinator of the Florida Association for Behavior Analysis, which he founded in 1980.

Dr. Bailey has published over 100 peer-reviewed research articles, is a past editor of the *Journal of Applied Behavior Analysis*, and is co-author of *Research Methods in Applied Behavior Analysis*, *How Dogs Learn*, *Ethics for Behavior Analysts*, 3rd Edition, *How to Think Like a Behavior Analyst*, and *25 Essential Skills and Strategies for Professional Behavior Analysts*, all co-authored with Dr. Mary Burch.



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Subject Matter Expert



Dr. Ronit Molko, BCBA-D

Dr. Ronit Molko is a dynamic senior executive and entrepreneur recognized for combining strategic vision and technical expertise to drive business initiatives. In 2001, Dr. Molko cofounded Autism Spectrum Therapies Inc. (AST), which grew into a highly respected, multi-state provider of services for individuals on the autism spectrum. In 2014, she sold her company to Learn It Systems, a private equity backed strategic buyer, and then she served as President of Autism Services for the combined family of companies until early 2016.

Today, as CEO and Principal of Empowering Synergy, Dr. Molko conducts due diligence for private equity firms and investors in healthcare. She also consults as an expert in the field of service delivery for healthcare, with a special focus on behavioral healthcare and companies that provide services to families affected by autism and developmental disabilities.

In 2018, she released her latest work, "Autism Matters: Empowering Investors, Providers and the Autism Community to Advance Autism Services," published by ForbesBooks.

Dr. Molko is currently a board member of the Los Angeles Chapter of the Autism Society of America and the Galt Foundation, which places individuals with disabilities in the workforce. She has been actively involved in many healthcare-based committees and organizations throughout her career and has received multiple awards in recognition of her business prowess and leadership abilities. She is a licensed clinical psychologist in California and Washington states, and a Board-Certified Behavior Analyst.



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Subject Matter Expert



Nicole (Nicki) Postma, BCBA

During a career that spans nearly 10 years Nicki has worked in diverse settings that includes clinic, school, outpatient and foster care. In that period, she has been able to effectively combine her clinical and OBM backgrounds to enhance the quality of care and the client experience, either directly or indirectly, for over 400 clients located across the U.S.. Additionally, by effectively applying OBM principles, she has improved the service delivery process and overall organizational effectiveness of schools and agencies for whom she has worked or consulted with. She successfully applied her clinical skills, OBM background and interpersonal skills to secure and manage a six figure contract with one of the top 10 largest school districts in the country.

As an adjunct professor at FIT, she teaches the OBM Applied course.



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Subject Matter Expert



Karin Torsiello, MS, BCBA

Karin Torsiello is a Board Certified Behavior Analyst and is the President of Behavior Basics Incorporated, a consulting firm in Florida, and is the Director of Operations for Advantage Behavioral Group. Karin has also worked as a Behavior Analyst for 3 consulting firms and served on the faculty of the University of South Florida for seven years as the Senior Behavior Analyst with the Behavior Analysis Services Program, in partnership with the Department of Children and Families. Karin's role includes supervising a team of behavior analysts who provided direct services to families who were experiencing behavior issues with their children; these cases often times involved children with mental health issues or developmental disabilities. Karin was also responsible for curriculum development and revision, research activities specific to parent trainings and providing trainings for caregiver's in the community. Karin has also developed behavior management programs for local group homes and mental health facilities.

Karin's current roles include: curriculum development for parent training, conducting behavior management trainings for parents, for teenage mothers and for prisoners awaiting re-entry into the community, providing in-home consultation services for caregivers and children, consultation with multi-disciplinary committees to review cases of children who are displaying maladaptive behaviors and training of graduate students pursuing certification as a behavior analyst.

Karin has co-authored and directed the parenting education series "The Secrets of Modern Parenting". This DVD series has been sold worldwide and is used by many professionals and parents with success every day.



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AHCA's Official Statement

"Our number one priority remains the children who rely on this service and making sure that they have access to high quality providers. Through an investigation the Agency has identified Medicaid fraud and abuse including extraordinary overbilling for BA services. The Agency has identified widespread problems with providers attempting to bill unbelievable hours, such as more than 24 hours per day, more than 40 hours per week, and billing for in excess of 31 days. In one instance, a provider tried to bill more than 250 days in a row. The Agency also found that some providers appeared to have falsified their qualifications, meaning that patients could be receiving BA services from unqualified providers.

The Agency has placed a temporary moratorium in Miami-Dade and Broward counties on new providers. This will allow the Agency an opportunity to complete a comprehensive assessment of the current provider population and remove from the provider network those individuals and entities who are not qualified to participate or whose participation is believed to have been based solely to commit fraud. Additionally, the Agency continues to further investigate possible fraud and abuse statewide." – *Beth Kidder, Deputy Secretary AHCA*



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Impact of Healthcare Fraud, Waste and Abuse

A victimless crime?

According to the [National Conference of State Legislatures](#)

Fraud, abuse and waste in Medicaid cost states billions of dollars every year, diverting funds that could otherwise be used for legitimate health care services. Not only do fraudulent and abusive practices increase the cost of Medicaid without adding value – they increase risk and potential harm to patients who are exposed to unnecessary procedures. In 2015, improper payments alone—which include things like payment for non-covered services or for services that were billed but not provided—totaled more than \$29 billion.

Common Examples of Medicaid Fraud

Provider Fraud	Patient Fraud	Insurer Fraud
<ul style="list-style-type: none"> ■ Billing for services not performed ■ Billing duplicate times for one service ■ Falsifying a diagnosis ■ Billing for a more costly service than performed ■ Accepting kickbacks for patient referrals ■ Billing for a covered service when a noncovered service was provided ■ Ordering excessive or inappropriate tests ■ Prescribing medicines that are not medically necessary or for use by people other than the patient 	<ul style="list-style-type: none"> ■ Filing a claim for services or products not received ■ Forging or altering receipts ■ Obtaining medications or products that are not needed and selling them on the black market ■ Providing false information to apply for services ■ Doctor shopping to get multiple prescriptions ■ Using someone else's insurance coverage for services 	<ul style="list-style-type: none"> ■ Overstating the insurer's cost in paying claims ■ Misleading enrollees about health plan benefits ■ Undervaluing the amount owed by the insurer to a health care provider under the terms of its contract ■ Denying valid claims

According to the Economist (May 2014)

Federal prosecutors had over 2,000 health-fraud probes open at the end of 2013. A Medicare “strike force”, which was formed in 2007, boasts of seven nationwide “takedowns”. In the latest, on May 13th, 90 people, including 16 doctors, were rounded up in six cities—more than half of them in Miami, the capital city of medical fraud.

Punishments have grown tougher: last year the owner of a mental-health clinic got 30 years for false billing.

Home-health fraud—such as charging for non-existent visits to give insulin injections—got so bad that the CMS, which runs the programs, called a moratorium on enrolling new providers in several large cities last year.

How does this relate to the current state of the field of behavior analysis?

Source: AHCA Press Release



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Medicaid Fraud in FL: The Back Story

AHCA Announces Moratorium on Enrollment of New Behavioral Analysis providers

May 14, 2018: “TALLAHASSEE, Fla. – Today, the Agency for Health Care Administration (Agency) announced that it will impose a temporary moratorium on enrollment of new Behavioral Analysis (BA) providers in Miami-Dade and Broward counties... A thorough investigation has identified Medicaid fraud and abuse including extraordinary overbilling”

- Some providers have attempted to bill Medicaid for unbelievable hours, such as working more than 24 hours per day, more than 40 hours per week, or billing for 31 consecutive days. One provider attempted to bill more than 250 days in a row.
- Some Medicaid recipients were also behavioral health providers, which turned out to be fraudulent.
- Some providers apparently falsified their qualifications.
- Miami-Dade has 8,175 behavioral health providers for 5,676 Medicaid recipients receiving such services, an abnormally high ratio.
- More than a dozen large behavioral health providers were referred to prosecutors for investigation of suspected criminal activity.
- AHCA said it expects more criminal investigations to occur.

Source: AHCA Press Release



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Medicaid Fraud in FL: The Back Story

Agency Announces Sanctions Against BA Providers

July 20, 2018: TALLAHASSEE, Fla. – Today, the Agency for Health Care Administration (Agency) released the following updates on Behavioral Analysis (BA) services.

Agency's sanctions against BA providers are below.

Terminations from Medicaid

- Behavioral Health: 6 people named (including a BCBA)

Medicaid Overpayments

- MGM Behavioral Refund \$1,047,839.51

Suspensions from Medicaid

- Harmony Mental Health and Behavioral Services
- Meli Medical Center, Inc.

Definition of Sanction: A threatened penalty for disobeying a law or rule...*

There are ongoing investigations, and the state will continue to announce sanctions against BA providers as the information becomes available.

Source: AHCA Press Release

*Oxford Dictionary



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Ethics of Medicaid Fraud?

Possible Causes

- Greed?
 - "Enhancing Shareholder Value"
 - Drive for higher profits
 - Drive for higher revenues (active private equity M&A activity)
- Misunderstanding of rules?
- Poor internal processes?
- Agency owners (clinicians) lack business skills?
- AHCA being too stringent?

What's the impact?

- Other behavioral service providers (agencies)
- Behavior Analysts, RBTs and other ABA practitioners?
- Field of ABA?
- What about consumers?

Where does Ethics come in?

Source: AHCA Press Release

*Oxford Dictionary



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Certainly, Healthcare Fraud Seems to be in Style...

July 19, 2017

Attorney General Jeff Sessions [announced](#) the arrest of 412 people, some 100 doctors among them, in a scattershot of health care fraud schemes that allegedly ripped off the government for about \$1.3 billion, mostly from Medicare.

2018 Healthcare Fraud Indictments*	
January	19
February	26
March	35
April	22
May	41
June	24
July	19
August	21
September	
October	
November	
Total	207

Definition of indictment: A formal charge or accusation of a serious crime.**

Certainly, Healthcare Fraud Seems to be in Style...

August 2018 (21 Instances)

- August 20, 2018; U.S. Attorney; Western District of Missouri
[Nurse pleads guilty to health care fraud related to deceased Fulton man](#)
- August 20, 2018; U.S. Attorney; Southern District of Texas
[Ambulance Company Owner Convicted in \\$3 Million Medicare Fraud Conspiracy](#)
- August 16, 2018; U.S. Attorney; Southern District of Illinois
[Durable Medical Equipment Provider Lincare Pays \\$5.25 Million to Resolve False Claims Act Allegations](#)
- August 16, 2018; U.S. Attorney; Eastern District of Michigan
[Genesee County Physician and Two Others Charged with Health Care Fraud](#)
- August 15, 2018; U.S. Department of Justice
[Post Acute Medical Agrees to Pay More Than \\$13 Million to Settle Allegations of Kickbacks and Improper Physician Relationships](#)
- August 14, 2018; U.S. Attorney; Southern District of Illinois
[Red Bud Pharmacy Owner and Pharmacist Pleads Guilty to Healthcare Fraud](#)
- August 13, 2018; U.S. Attorney; Eastern District of California
[Merced Former CEO and Licensed Nurse Practitioner Pleads Guilty to Health Care Fraud](#)
- August 10, 2018; U.S. Attorney; Northern District of Oklahoma
[Grand Jury Indicts Physician for Illegal Remuneration for Health Care Referrals](#)
- August 10, 2018; U.S. Attorney; Department of Justice
[Eldorado Woman Pleads Guilty to Healthcare Fraud Charge](#)
- August 8, 2018; U.S. Attorney; Northern District of Oklahoma
[Grand Jury Indicts Physician for Illegal Remuneration for Health Care Referrals](#)
- August 8, 2018; U.S. Attorney; Eastern District of Tennessee
[Physician and Wife Pay \\$428,000 to Settle False Claims Act Allegations for Billing Government Programs for Unapproved Drugs](#)

Certainly, Healthcare Fraud Seems to be in Style...

- August 8, 2018; U.S. Attorney; District of Connecticut
[Drug Company Manager Admits Role in Kickback Scheme Related to Fentanyl Spray Prescriptions](#)
- August 8, 2018; U.S. Attorney; District of Massachusetts
[Lowell Physicians Settle Drug Diversion Allegations](#)
- August 6, 2018; U.S. Department of Justice
[Grenada Lake Medical Center to Pay More Than \\$1.1 Million to Resolve False Claims Act Allegations Involving Medically Unnecessary Psychotherapy Services](#)
- August 3, 2018; U.S. Department of Justice
[Prime Healthcare Services and CEO to Pay \\$65 Million to Settle False Claims Act Allegations](#)
- August 3, 2018; U.S. Attorney; Northern District of Georgia
[Northwest ENT Associates, P.C. to pay approximately \\$1.2 million to resolve False Claims Act allegations](#)
- August 3, 2018; U.S. Attorney; Central District of California
[Prime Healthcare Services and its CEO Agree to Pay \\$65 Million to Settle Medicare Overbilling Allegations at 14 California Hospitals](#)
- August 2, 2018; U.S. Department of Justice
[Detroit Area Hospital System to Pay \\$84.5 Million to Settle False Claims Act Allegations Arising From Improper Payments to Referring Physicians](#)
- August 2, 2018; U.S. Attorney; District of South Carolina
[Early Autism Project, Inc., South Carolina's Largest Provider of Behavioral Therapy for Children with Autism, Pays the United States \\$8.8 Million to Settle Allegations of Fraud](#)
- August 1, 2018; U.S. Attorney; Southern District of New York
[Doctor Sentenced To 18 Months in Prison For Participating in \\$30 Million Scheme To Defraud Medicare And Medicaid](#)
- August 1, 2018; U.S. Attorney; District of South Carolina
[Mount Pleasant Speech Therapist Convicted of Health Care Fraud and Aggravated Identity Theft](#)



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Source: [Office of Inspector General](#)

... But Why do ABA Providers Have to Participate?

- **August 2, 2018:** "Early Autism Project, Inc., South Carolina's Largest Provider of Behavioral Therapy for Children with Autism, Pays the United States \$8.8 Million to Settle Allegations of Fraud"
- **July 20, 2018:** AHCA sanctions 4 behavioral care agencies in Miami-Dade and Broward counties.
- **May 29, 2018:** "A Las Vegas counseling and mental health care provider has been fined more than \$1 million and placed on three years of probation after fraudulently billing Medicaid. We Care Behavioral Health Agency LLC was convicted on a gross misdemeanor charge of intentional failure to maintain adequate records..."
- **February 22, 2018:** "Attorney General Josh Shapiro today announced that a Philadelphia-based Behavioral Specialist and Mobile Therapist charged with Medicaid fraud of more than \$210,000 waived her preliminary hearing and will face trial on the charges. LaGracia Burnett, 59, of Philadelphia, worked for three different behavioral health providers and billed for fabricated, overlapping services between January 2013 and May 2016. During this time, she was also employed as a per-diem substitute teacher for the Philadelphia School District and S4Teachers. Burnett faces charges of Medicaid fraud, theft by deception and tampering with public records for falsely submitting time sheets for over \$211,942 in services that she did not provide to children, many of whom have been diagnosed with autism.


Source: [Las Vegas Review Journal](#)

Source: [Office of Inspector General](#)




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How Can Ethics Address These Issues?

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What is the Purpose of the Ethics Code?

Ensure Fidelity of ABA Programs / Establish Parameters to Ensure Good Outcomes


- 1.0 Responsible Conduct of Behavior Analysts (7 sub sections)
- 2.0 Behavior Analysts' Responsibility to Clients (15 sub sections)
- 3.0 Assessing Behavior (5 sub sections)
- 4.0 Behavior Analysts and the Behavior-Change Program (11 sub sections)

To Establish and Maintain Credibility of Behavior Analysts and the Profession of Behavior Analysis

- 5.0 Behavior Analysts as Supervisors (7 sub sections) -- Would including ethics as an official part of supervision sessions help?
- 6.0 Behavior Analysts' Ethical Responsibility to the Profession of Behavior Analysis (2 sub sections)
- 7.0 Behavior Analysts' Ethical Responsibility to Colleagues (2 sub sections)

Protect the Field of Behavior Analysis

- 8.0 Public Statements (6 sub sections)
- 9.0 Behavior Analysts and Research (9 sub sections)
- 10.0 Behavior Analysts' Ethical Responsibility to the BACB (7 sub sections)

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Relevant Sections of the Code

- 2.07 Maintaining Records. RBT
- 2.11 Records and Data. RBT
- 2.12 Contracts, Fees, and Financial Arrangements.
- 2.13 Accuracy in Billing Reports.
- 6.01 Affirming Principles. RBT
- 7.01 Promoting an Ethical Culture. RBT
- 7.02 Ethical Violations by Others and Risk of Harm. RBT

- Many companies have a policy of submitting billing for work performed by providers.
- What's the BCBA's right to review and sign off on billing prior to submission?
- How can a BCBA maintain and retain control over billing?



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2.07 Maintaining Records RBT

2.07 Maintaining Records. RBT


(a) Behavior analysts maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, electronic, or in any other medium.

(b) Behavior analysts maintain and dispose of records in accordance with applicable laws, regulations, corporate policies, and organizational policies, and in a manner that permits compliance with the requirements of this Code.



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2.11 Records and Data RBT

2.11 Records and Data. RBT

- (a) Behavior analysts create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with applicable laws, regulations, and policies; in a manner that permits compliance with the requirements of this Code; and in a manner that allows for appropriate transition of service oversight at any moment in time.
- (b) Behavior analysts must retain records and data for at least seven (7) years and as otherwise required by law.



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2.12 Contracts, Fees, and Financial Arrangements

2.12 Contracts, Fees, and Financial Arrangements.

- (a) Prior to the implementation of services, behavior analysts ensure that there is in place a signed contract outlining the responsibilities of all parties, the scope of behavior-analytic services to be provided, and behavior analysts' obligations under this Code.
- (b) As early as is feasible in a professional or scientific relationship, behavior analysts reach an agreement with their clients specifying compensation and billing arrangements.
- (c) Behavior analysts' fee practices are consistent with law and behavior analysts do not misrepresent their fees. If limitations to services can be anticipated because of limitations in funding, this is discussed with the client as early as is feasible.
- (d) When funding circumstances change, the financial responsibilities and limits must be revisited with the client.

2.13 Accuracy in Billing Reports

2.13 Accuracy in Billing Reports.

Behavior analysts accurately state the nature of the services provided, the fees or charges, the identity of the provider, relevant outcomes, and other required descriptive data.



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6.01 Affirming Principles RBT


6.01 Affirming Principles. RBT

- a) Above all other professional training, behavior analysts uphold and advance the values, ethics, and principles of the profession of behavior analysis.
- b) Behavior analysts have an obligation to participate in behavior-analytic professional and scientific organizations or activities.




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5 Minute Break



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So, Back to the FL Story What Happened?

It is clear that the actions of the 4 agencies cited by AHCA – and like many more still under investigation – violated the BACB Ethics Code.

BCBAs and RBTs are required to follow the Ethics Code as professionals **AND** report violations of their peers they know are violating the code.

Shouldn't the "do no harm" responsibility supersede a person's natural reticence to report the violation to the BACB?




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Why Did it Happen?

- According to AHCA, since May 1, 2018, **13,687 requests for authorization of BA services have been approved, which equates to 11,564 recipients with approvals by eQHealth**
- From May 15, 2018 to July 13, 2018 253 new BA providers have been enrolled in Medicaid.

	Total BA Expenditures	#Approved Recipients	Reimbursement per Recipient
April 2018	\$ 39,374,239	11,564	\$ 3,405
May 2018	\$ 43,070,226	11,564	\$ 3,725
June 2018	\$ 32,648,471	11,564	\$ 2,823
July 2018	\$ 16,835,096	11,564	\$ 1,456
Total	\$ 131,928,032	79%	\$ 11,409


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Source: AHCA Press Release


Contributing Factor: Inexperienced ABA Providers?

	County	# Agencies	%
1	Dade	214	41.2%
2	Broward	49	9.4%
3	Orange	36	6.9%
4	Hillsborough	24	4.6%
5	Pinellas	24	4.6%
6	Duval	14	2.7%
7	Palm Beach	14	2.7%
8	Seminole	14	2.7%
9	Osceola	11	2.1%
10	Pasco	10	1.9%
	All Other Providers	110	21.2%
	Total	520	100.0%

	BCBA et al.	RBT
February 2016	22,083	17,337
August 2018	31,561	40,426
Increase in 18 Months	9,478	23,089
% Increase	43%	133%

What's the consequence of having hundreds or thousands of new agencies led by clinicians without business skills or knowledge?

Especially in the current M&A "hot" market?



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Source: AHCA


Healthcare Fraud Consequence: Medicaid Terminations

- Non Profit (FL)
- Incorporated 11/24/2014
- Locations:
 - Port Saint Lucie
 - Miami Lakes
- Services
 - ABA
 - Verbal Behavior
 - Bio Feedback
 - Cognitive Behavior Therapy
 - Art Therapy
 - Psychodrama Therapy
 - Narrative Therapy
 - Music Therapy
- **BCBA Owner? NO**
- **Staff BCBA? YES**
 - A.K., BCBA
 - Certified 11/2016
 - Supervisor
- Incorporator: D. R.

DRA Behavioral Health



- **Terminations from Medicaid**
 - **E.G.** – From March 5, 2018 to March 23, 2018, DRA Behavioral Health billed for G as a renderer for impossible days, an average of 28.21 hours in a day, ranging from 26.5 to 31.5 hours.
 - **B.R.** – From June 12, 2017 to March 21, 2018, DRA Behavioral Health billed for R. as a renderer for impossible days, an average of 36.71 hours in a day, ranging from 26 to 67 hours.
 - **D.R. (Owner)** – From July 18, 2017 to March 22, 2018, DRA Behavioral Health billed for R. as a renderer for impossible days, an average of 34.53 hours in a day, ranging from 25 to 74.5 hours.
 - **A.C.** – From February 19, 2018 to February 24, 2018, DRA Behavioral Health billed for C. as a renderer for impossible days, an average of 27 hours in a day.
 - **J.C.** – From March 12, 2018 to March 17, 2018, DRA Behavioral Health billed for C. as a renderer for impossible days, an average of 28.67 hours in a day, ranging from 25 to 32 hours.
 - **M.S.** – On September 3, 2017 DRA Behavioral Health billed for S. as a renderer for 5 claims. Specifically, the claims data shows Sanchez as working a total of 36 hours.




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Source: AHCA Press Release

Healthcare Fraud Consequence: \$1M Refund


- For Profit Agency (Florida)
- Founded in 2011 (per website)
- According to State of FL
 - 10/4/2017 Incorporation Documents Filed (under MGM Behavioral)
 - 1/18/2018 Name Change Amendment Filed (MGAG Behavioral Corp)
- Locations: Miami Lakes, FL and Ft. Lauderdale, FL
- Services
 - Applied Behavior Analysis
 - Cognitive Behavioral (CBT)
 - Emotionally Focused
 - Family Systems
 - Fitness Therapy
 - Play Therapy
 - Psychoanalytic
 - Sand Play
 - Sensory Integration
- **BCBA Owner???**
- **Staff BCBA? YES**
 - S.R., BCBA
 - Certified 5/2016
 - Supervisor

MGM Behavioral Corp.



Medicaid Overpayments

- **MGM Behavioral** – final order [here](#).
 - MGM Behavioral used unqualified rendering providers for BA services, and has agreed to refund a Medicaid overpayment totaling \$1,047,839.51.




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Source: AHCA Press Release
**Oxford Dictionary*
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Healthcare Fraud Consequence: Suspension


- For Profit (Florida)
- According to State of FL
 - 11/28/2005 Incorporation Documents Filed
- Locations: Orlando, FL and Clermont, FL
- Services
 - Behavioral Analysis
 - Mental Health
 - Counseling
- **BCBA Owner? YES**
- **Staff BCBA? YES**
 - R.W. BCBA (Co-owner)
 - Certified 6/2005
 - Supervisor
 - C.L., BCaBA
 - Certified 8/2014



Suspensions from Medicaid

- Harmony Mental Health and Behavioral Services – final order [here](#).
 - Harmony Mental Health and Behavioral Services failed to pay the required fine and failed to timely provide required Medicaid records on employees such as: a list of group members, employee resumes, required AHCA training certificates, required certifications, and background checks.

*Source: AHCA Press Release
Oxford Dictionary




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Healthcare Fraud Consequence: Suspension


- For Profit (Florida)
- According to State of FL
 - 1/11/2011 Incorporation Documents Filed (Meli Medical Center)
 - 11/20/2017 Incorporation Documents Filed (Meli Medical Center #3)
 - 12/4/2017 Incorporation Documents Filed (Meli Medical Center #2)
- Locations: Hialeah, FL
- Services
 - No Information Provided
- **BCBA Owner? Not enough info**
- **Staff BCBA? Not enough info**



Suspensions from Medicaid

- Meli Medical Center, Inc. – final order [here](#).
 - Meli Medical Center, Inc. submitted false information on the Medicaid provider enrollment application. Specifically that owner O. C. submitted false information on the Medicaid provider enrollment information.

*Source: AHCA Press Release
Oxford Dictionary




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health
tina
point
Huma
Medicaid
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How do we prevent this from happening again?


- Transparency
- Commitment
 - Willingness to allow themselves to be in uncomfortable situations
 - Operate within an ethical framework
 - Consequences
- System
- Culture of ethics / culture of responsibility



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Notice of Alleged Violation

Prior to submitting this Notice to the BACB, we strongly encourage you to attempt to resolve the matter directly with the Subject of this Notice and/or their supervisor (if the Subject of the Notice is a BCaBA or RBT).

If you are a behavior analyst, you must comply with Section 7.02 of the Professional and Ethical Compliance Code for Behavior Analysts prior to filing this Notice.

Have you attempted to resolve the matter directly with the Subject? ☐ Yes ☐ No

Subject of the Notice Information

Name of alleged Code violator ("Subject")
(Complete a separate Notice of Alleged Violation for each person named in the Notice.)

Subject's Credential:

☐ Registered Behavior Technician

☐ Board Certified Assistant Behavior Analyst

☐ Board Certified Behavior Analyst

☐ Board Certified Behavior Analyst-Doctoral


☐ Applicant for certification

City/State/Country of Violation:

Is this Notice related to another Notice of Alleged Violation? ☐ Yes ☐ No

If yes, who was named in the other Notice?

Name of Subject's Employer/Organization:



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Medicaid fraud costs taxpayers billions each year and whistleblowers are critical in recovering that money.

A [majority of states](#) and the federal government have enacted False Claims Acts. These laws recover taxpayer money lost to fraud by employers and medical providers, and can result in significant damages awards from hospitals, doctors, pharmacies, home health care groups and healthcare providers caught in billing scams, kickback arrangements, or other schemes.

These laws have whistleblower provisions that can result in significant [cash rewards](#) of 15 to 30 percent of the money recovered by the government, as long as the tipster is:

- The first to report the fraud with,
- Non-public information that,
- Helps make a Medicaid or Medicare fraud case.

All False Claims Acts also protect tipsters who blow the whistle with anti-retaliation rules making it illegal to fire or harass an employee who reports fraud.



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Ethics Standards Board for ABA Providers (ESBAP)


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Downloadable Resources

1. Annotated BACB Ethics Code
2. BACB Notice of Alleged Violation Form
3. AHCA Press Release: Agency Announces Moratorium
4. AHCA Press Release: Agency Announces Sanctions
5. FL Medicaid Behavior Analysis Provider List
6. AHCA Initial Request for State Implemented Moratorium*

***§ 455.470 Temporary moratoria.**

A State [Medicaid](#) agency may impose temporary moratoria on enrollment of new providers, or impose numerical caps or other limits that the State [Medicaid](#) agency identifies as having a significant potential for [fraud](#), waste, or [abuse](#) and that the [Secretary](#) has identified as being at high risk for [fraud](#), waste, or [abuse](#).



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Thank You!

Thank you to the wonderful Special Learning team members without whom our experience would be greatly diminished (or just plain disorganized!)

- Amanda Fishley, BCBA, Associate Director, Clinical Solutions
- Krystal Larsen, BCaBA, RBT Program Manager
- Lesley de Dios, Director of Operations (Moderator and Technical Support)
- Michelle Capulong (Client Support Manager)
- Sasho Gachev (Creative Director)

- Erica Holding, BCBA-D, BACB ACE Coordinator



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