

MODULE 10

# Billing Integrity

Documentation, Time-Keeping & Financial Boundaries

WHAT YOU'LL LEARN

# Learning Objectives

- 01 Explain the connection between accurate documentation and billing
- 02 Identify three documentation behaviors that can create billing problems
- 03 Describe the service agreement and your role in it
- 04 State the agency's policy on patient financial transactions
- 05 Recognize the billing-related reasons why clock-in/clock-out accuracy matters

THE CORE TRUTH

# Documentation = Billing

Every visit note you complete is the **direct evidence** that services were rendered. NobleCare cannot bill for services that are not documented.

SIMPLE MATH

# Three Documentation Truths

1

**Care provided + no documentation**

The agency loses revenue. It never happened on paper.

2

**Documentation + no care provided**

That is fraud. Full stop.

3

**Documentation with wrong times**

Understates or overstates what was done. Either way, it's a problem.

## THE CONTRACT

# The Service Agreement

Every NobleCare patient signs a Service Agreement before care begins. This document governs everything about the care relationship.

- **Specific services authorized** — what you are allowed to do
- **Hourly rate and billing schedule** — how the patient is charged
- **Cancellation policy** — terms for ending or pausing service
- **Patient's payment responsibilities** — who pays and when

*The Service Agreement defines the scope of your work. Providing services not listed without supervisor authorization creates billing and liability problems.*

TIME = MONEY

# Clock-In / Clock-Out Accuracy

NobleCare bills based on documented service time. Your clock-in and clock-out times must reflect reality.

## CLOCK IN WHEN

- You arrive at and **enter** the patient's home

## CLOCK OUT WHEN

- You complete the visit and **leave** the patient's home

**Not the parking lot. Not the street. Not when you leave your house. The patient's home.**

## ZERO TOLERANCE

# Inflating Hours Is **Billing Fraud**

This is not a gray area. Clocking in early or out late to add time you did not spend providing care is fraud.

- The patient is billed for time when no services were provided
- If discovered in an audit, NobleCare faces **repayment obligations**
- The agency faces potential **False Claims Act liability**
- You face **immediate termination** and potential personal legal liability

*If travel time is excessive, talk to your supervisor about scheduling adjustments. Manipulating clock times is never the answer.*

## HARD BOUNDARY

# No Financial Transactions **with Patients**

This rule exists to protect you and the patient. There are no exceptions without supervisor pre-authorization.

### YOU MAY NEVER

- Handle a patient's cash, checks, or credit cards for any purpose
- Shop with a patient's money — even if they ask
- Accept money "for gas" or "for trouble"
- Manage a patient's finances in any capacity
- Borrow from or lend money to a patient

If a patient needs help with errands involving money, the process must be **pre-approved by the supervisor** with a documented receipt system.

YOUR ROLE

# Show Up. Do the Work. Document It Honestly.

The billing team handles the rest. Your job is to provide care and record it accurately.

Arrive on time, clock in.

Provide the care on the Care Plan.

Document what you did.

Clock out when you leave.

**That's it.**

## REDIRECT

# When Patients Ask About **Billing**

Patients and families will sometimes ask you about rates, charges, or billing issues. **This is not your role.**

### NEVER DO THIS

- Explain the rate schedule from memory
- Tell them rates have changed
- Share your pay rate
- Offer opinions about whether charges are fair
- Promise discounts or free hours

### ALWAYS DO THIS

- Listen respectfully to their concern
- Say: "That's a great question for the office"
- Provide the office number: (740) 262-9845
- Note the question in your visit documentation
- Inform your supervisor about the inquiry

## WHEN YOU FORGET

# Late Documentation

Life happens. If you forget to document a visit, here is the correct process:

- 01 **Contact your supervisor** as soon as you realize the documentation is missing
- 02 **Complete a late note** with accurate details of the visit
- 03 **Label it as late documentation** — include the actual date of service
- 04 **Include an explanation** for why it was late
- 05 **Never backdate** — always note the current date and the date of service

**Late documentation is better than no documentation** — but same-day completion is always the standard.

## BEST PRACTICE

# What Good Documentation Looks Like

### COMPLETE VISIT NOTE

- Date, arrival time, departure time
- Specific tasks performed (bathing, meal prep, etc.)
- Patient's condition and any changes observed
- Patient statements in their own words
- Any concerns communicated to supervisor
- Your signature

### POOR DOCUMENTATION

- "Provided care as usual"
- "Patient doing fine"
- Missing arrival or departure time
- Copy-paste from previous visit
- Vague or generic descriptions
- Completed days after the visit

YOUR SHIELD

# Documentation Protects You

If a patient or family ever claims you didn't show up, didn't perform a task, or caused harm, your documentation is your **defense**.

Good documentation proves you were there.

Good documentation proves what you did.

Good documentation proves you communicated.

**No documentation? No proof.**

AVOID THESE

## Common Billing Mistakes

- **Clocking in from the car** — you must be inside the patient's home
- **Rounding up time** — 3 hours and 45 minutes is not 4 hours
- **Forgetting to clock out** — results in inaccurate billing records
- **Providing unauthorized services** — the care plan defines what's billable
- **Accepting cash from patients** — even for "small favors"
- **Not documenting cancelled visits** — cancellations must be recorded too

BE READY

# Billing Audits

NobleCare conducts regular internal audits and may be subject to external audits by payers, ODH, or federal agencies.

WHAT AUDITORS CHECK

- Do visit notes match clock-in/out times?
- Were billed services actually authorized?
- Is documentation specific and complete?
- Do records match patient and family reports?

WHAT HAPPENS WHEN PROBLEMS ARE FOUND

- NobleCare must repay overbilled amounts
- Repeated issues trigger deeper investigation
- False claims can result in agency fines
- Individual employees face disciplinary action

IF PRE-APPROVED

# Handling Patient Funds for Errands

In rare, pre-approved situations where a patient's care plan includes shopping or errands, strict rules apply:

- 01 **Supervisor must pre-approve** the errand and the fund-handling process
- 02 **Receive funds with a documented count** — both you and the patient verify the amount
- 03 **Keep every receipt** — no exceptions
- 04 **Return all change and receipts** to the patient immediately
- 05 **Document the transaction** in your visit note — amount received, amount spent, change returned

**Never** combine a patient's money with your own. Never "round up." Never keep change.

## WHAT WOULD YOU DO?

# Scenario

### SITUATION

Tom drives 30 minutes to reach his patient's home. To compensate for travel time, he starts **clocking in when he leaves his house**. Some weeks, this adds 2-3 extra hours of billed time that was not spent in the patient's home.

- A) This is fine — he deserves compensation for travel
- B) It's a minor issue that doesn't really matter
- C) This is billing fraud — he must clock in at the patient's home only**
- D) It's okay as long as he provides great care during the actual visit

CORRECT ANSWER: C

## Clock-In Fraud Is Still Fraud

### THE CONSEQUENCES

- NobleCare is billing for time Tom was **not providing services**
- Even excellent care during the visit doesn't excuse it
- An audit would expose the discrepancy
- NobleCare faces **repayment + False Claims Act liability**
- Tom faces **immediate termination** and personal legal exposure

### THE RIGHT APPROACH

- Clock in when you arrive at the patient's home
- If travel is excessive, talk to your supervisor
- Scheduling adjustments may be possible
- Never manipulate clock times for any reason

## WHAT WOULD YOU DO?

# Scenario

### SITUATION

A patient's daughter asks you to pick up groceries on your way to the visit and offers you **\$40 cash** to pay for them. She says, *"Just grab a few things — it'll take five minutes."*

- A) Do it — errands are part of your job description
- B) Decline until the office authorizes the errand and establishes a receipt process**
- C) Accept the cash, buy the groceries, keep any change as a tip
- D) Use your own money and ask to be reimbursed later

CORRECT ANSWER: B

## No Informal Cash Handling — Ever

Handling patient funds requires **supervisor pre-authorization** and a documented receipt process. Never accept cash informally, regardless of the amount.

### WHAT TO SAY

*"I appreciate you thinking of that, but I need to check with the office before handling any purchases. Let me give them a call and we'll get it set up properly."*

### WHY EACH WRONG ANSWER FAILS

- **A** — Errands with money require pre-authorization and a receipt process
- **C** — Keeping change is theft. Cash handling without authorization is a policy violation.
- **D** — Using your own money creates a debt relationship with the patient

REVIEW

# Knowledge Check

**1. You provided care but forgot to document it. What do you do?**

Contact your supervisor, complete a late note with accurate details, label it as late documentation

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**2. A family offers you \$40 cash to pick up groceries. What do you do?**

Decline until the office authorizes the errand and establishes a proper receipt process

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**3. Documenting a visit that didn't happen is:**

Billing fraud — grounds for immediate termination and potential criminal liability

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**4. When should you clock in for a visit?**

When you arrive at and enter the patient's home — not the parking lot, not the street

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**5. A patient's daughter asks why they're being charged a certain rate. You should:**

Redirect the question to the office — financial discussions are not your role

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MODULE 10 COMPLETE

# Billing Integrity

## KEY TAKEAWAYS

- Documentation = billing — if it's not documented, it didn't happen
- Clock in at the home, clock out when you leave
- Never handle patient money without pre-authorization
- Redirect all billing questions to the office
- Late documentation is better than none — but same-day is the standard
- Your documentation is your legal protection

Next → [Module 11: Your First Patient](#)