

The University of Texas Health Science Center at Houston
Healthcare Billing Compliance Plan
Harris County Psychiatric Center (HCPC)

03/29/10

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I. Preamble

HCPC is committed to ensuring that its affairs are conducted in accordance with applicable laws and regulations. As part of this commitment, HCPC has developed a Healthcare Billing Compliance Plan (Compliance Plan), which refers to the formal, ongoing methodology by which HCPC seeks to ensure that appropriate individuals within the organization understand and follow all applicable legal requirements relating to professional fee reimbursement for healthcare services. This Compliance Plan has been reviewed and approved by the Medical Service Research and Development Plan (MSRDP) Compliance and Ethics Committee, the Chief Compliance Officer, and the HCPC Compliance Committee (HCPC-CC) on **03/29/10** and supersede any previously drafted or published Healthcare Billing Compliance Plans.

II. General Policy

The provisions of this Compliance Plan apply to all HCPC faculty, residents, fellows, and to all other persons and organizations who are involved in billing for HCPC hospital and professional services. All claims for professional fee reimbursement made by or on behalf of HCPC shall adhere to applicable federal and state laws and regulations, The University of Texas System Board of Regents' *Rules and Regulations*, and UTHSC-H policies.

The General Standards of Conduct policy for HCPC are contained in UTHSC-H Handbook of Operating Procedures (HOOP) **2.01** and are incorporated in this Compliance Plan as if fully stated herein. HCPC expects that all its faculty, staff, and students will follow the highest standards of personal conduct as established by federal, state, and local laws. As a condition of employment with the UTHSC-H, all faculty and staff are required to acknowledge receipt of a copy of the General Standards of Conduct policy, a list of contacts/responsible areas for various compliance issues, and the web site references for the **Standards of Conduct Guide**. In addition, UTHSC-H employees acknowledge his/her responsibilities to review the policy and to perform their work in an ethical and legal manner as described.

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III. HCPC Compliance Organizational Structure

HCPC Billing Compliance Committee: The specific obligations required of the committee and its members are further outlined in the HCPC Compliance Committee Bylaws.

Harris County Psychiatric Center: HCPC is charged with coordinating and implementing this Compliance Plan. These responsibilities reside specifically with the Hospital Administrator, the Medical Director, and the Compliance Coordinator, as follows:

Hospital Administrator:

- a. Overseeing a risk-based process that build compliance consciousness into daily business processes; and
- b. Ensuring, and being held accountable by HCPC, that all goals of the Compliance Plan are met.

Medical Director:

- a. Ensuring all HCPC clinicians adhere to the UTHSC policies concerning billing compliance.
- b. Assisting in the Disciplinary Action Plan when conduct of non-compliance is identified within HCPC.

Compliance Coordinator:

- a. Overseeing and monitoring the implementation and execution of the Compliance Plan;
- b. Establishing methods, such as periodic reviews, to improve HCPC efficiency and quality of service and to reduce HCPC's vulnerability to fraud and abuse;
- c. Periodically revising the compliance program in light of changes in the needs of HCPC or changes in law and in the regulations of the federal and state government and the standards of private payer health plans;
- d. Developing, coordinating and participating in a training program that focuses on the components of an effective compliance program, and seeks to ensure that training materials are appropriate; and
- e. Reporting coding compliance issues and concerns to the HCPC-CC.
- f. Reporting to the Chief Compliance Officer and to Institutional Healthcare Billing Compliance (IHBC) on matters involving billing compliance;
- g. Facilitating department compliance activities within HCPC;
- h. Reporting allegations of suspected misconduct or instances of non-compliance to IHBC and to the HCPC-CC ;
- i. Ensuring and directing the development of an annual Monitoring Work Plan, based on the HCPC's Billing Compliance Risk Assessment, which is approved by the Chief Compliance Officer; and
- j. Coordinating with the Chief Compliance Officer and IHBC on education programs and monitoring activities.

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IV. Education and Training

The Hospital Administrator or designee shall be responsible for ensuring that UTHSC-H policies concerning billing compliance are disseminated and understood. To accomplish this objective, HCPC will work with the Medical School Billing Compliance Officer and Medical Director to ensure there are appropriate and ongoing compliance training programs that enhance and maintain awareness of billing compliance policies among existing staff, and that introduce new personnel to billing compliance policies. IHBC will be responsible for reviewing and approving HCPC billing compliance training before publication or initiation of the training.

It is the responsibility of the Hospital Administrator to ensure that all physicians (including faculty, residents, fellows, and interns) and other health professionals (e.g., nurse practitioners, physician assistants, etc.) who bill for their services, as well as for all billing and coding personnel, complete the mandatory education and training requirements outlined below. HCPC shall develop a system to document that the billing compliance training has occurred. IHBC and the Chief Compliance Officer will monitor the HCPC's billing compliance education activities. HCPC may also make inquiries and receive appropriate verbal and/or written response from IHBC and the Chief Compliance Officer for clarification and additional information regarding documentation, coding and/or billing compliance-related regulations and rules.

The following education requirements must be met:

- a. Each **new** HCPC physician, non-physician practitioner (NPP) shall receive at least two hours of initial training regarding billing compliance, UTHSC-H coding, documentation policies/procedures and Standards of conduct. This initial training must be completed before a physician or other appropriate health care professional may begin billing. This training shall include instructions on how potential billing compliance issues may be reported. This training will be provided by IHBC or HCPC Compliance Coordinator.
- b. Annually, **existing** HCPC physicians, staff, NPP, and clerical employees involved in preparing or submitting requests for reimbursement to the federal health care programs must attend a minimum of one hour of billing compliance, coding, or documentation training. This training must address:
 - i. The accurate submission of charges for services rendered to patients of the federal health care programs;
 - ii. The personal obligation of each individual to make reasonable efforts to ensure that the information provided by the individual (either orally or in writing) relating to the care or the services rendered to the patients of the federal health care programs, or otherwise provided in support of a submission for reimbursement to these programs, is accurate;
 - iii. Applicable federal health care reimbursement rules and statutes;
 - iv. The legal sanctions for the submission of false or inaccurate information including, but not limited to, improper billing; and
 - v. Instructions on how potential billing compliance issues may be reported.

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Examples of acceptable billing compliance education may include, but are not limited to:

- i. Attendance at Medicare or Medicaid workshops on billing compliance, coding and documentation issues;
 - ii. Annual review and discussion of the U.S. Department of Health and Human Services Office of Inspector General Work Plan Work Plan; and
 - iii. Viewing compliance or coding/documentation-related videos, reviewing audiotapes or completing computer-based training pre-approved by IHBC.
- c. All coding staff is required to complete a minimum of fifteen (15) hours of approved billing compliance education annually. Examples of approved billing compliance education may include, but are not limited to, the proceeding items:
- i. Participation in the monthly American Academy of Professional Coders (AAPC) local chapter meetings;
 - ii. Participation in other billing compliance and/or coding seminars or workshops in which the agenda or course outline is pre-approved by the respective HCPC Hospital Administrator, Medical Director, and/or Compliance Coordinator;
 - iii. Participation in billing compliance, coding or documentation audio conferences that are sponsored or approved by the HCPC Hospital Administrator;
 - iv. Participation in courses sponsored or conducted by the HCPC Compliance Coordinator.
- d. All charge capture staff is required to receive documented feedback on the accuracy of their data entry, at a minimum, annually.
- e. All Residents (fellows, residents, and interns) are required to complete billing compliance education meeting the education requirements outlined in IV b. All Residents are required to complete one hour of billing compliance education annually.

V. Monitoring

HCPC shall develop a detailed Monitoring Work Plan and schedule to accomplish its annual review goal. The work plan should be approved by the Chief Compliance Officer and reflect relevant initiatives identified externally in the U.S. Department of Health and Human Services Office of Inspector General Work Plan, Special Fraud Alerts, and identified internally by means of the MDaudit application, a risk-based assessment tool. The findings of these reviews will be presented to the HCPC-CC, IHBC, and Institutional Compliance.

A HCPC designee will review, at least annually, samples of medical records and corresponding bills for the entire department's faculty, residents, fellows, and/or for all other persons/organizations who are involved in billing for the HCPC's professional services for compliance with billing policies and with regulatory/legal requirements. IHBC will perform quality assurance activities to ensure the

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accuracy of the findings. Details of the monitoring performed internally can be found in the Medical School Compliance Plan.

VI. Lines of Communication

As documented in the **HOOP 2.01**, HCPC faculty members and employees are required to report any activity that they believe to be inconsistent with UTHSC-H policies or legal requirements. Faculty members and employees who report in good faith possible compliance issues shall not be subjected to any retaliation or harassment, as a result, of the report. The UTHSC-H maintains several reporting paths for a person to report suspected misconduct or non-compliance activities.

- a. A person may make a report through the normal administrative channels (i.e., reporting to the appropriate supervisor).
- b. A person may make a report through the Compliance Hotline (1-888-472-9868).
- c. A person may make a report to the Chief Compliance Officer (or IHBC) by letter, by telephone, by e-mail, or by meeting.
- d. A person may make a report in an exit interview statement given upon the conclusion of their employment at UTHSC-H.
- e. A person may make a report by the designated UTHSC-H Compliance E-mail address: **compliance@uth.tmc.edu**.
- f. A person may make a report by the designated "Web Reporting" website: **www.tnwinc.com/webreport**.

VII. Investigating Compliance Issues

Whenever conduct that may be inconsistent with a billing policy or requirement is reported to IHBC involving a Harris County Psychiatric Center individual, a review will be made to determine whether an investigation will be undertaken. If an investigation is warranted, Institutional Healthcare Billing Compliance shall work in collaboration with the Chief Compliance Officer to conduct or coordinate the investigation and make recommendations for corrective action plans, when required. Reports confirming violations will be reviewed by the Hospital Administrator and presented, as necessary, to the Chief Compliance Officer, Executive Compliance Committee, the MSRDP Compliance & Ethics Committee..

VIII. Corrective Action

When an instance of non-compliance related to healthcare billing compliance has been identified through monitoring, reporting of possible issues, investigations, or otherwise, IHBC and the HCPC Hospital Administrator, Medical Director, and/or Compliance Coordinator will ensure the implementation of a corrective action plan by the Hospital Administrator and the Medical Director. The Chief Compliance Officer shall notify the following of the identified billing compliance issue, the Executive Compliance Committee's guidance, if any, and the corrective action that must be initiated:

- a. The affected faculty member(s), other health care professional(s) or employee(s); and
- b. The HCPC Compliance Committee.

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Corrective action plans may include, but are not limited to, the following elements:

- a. Modification of billing practices;
- b. Requirement of additional billing training;
- c. Recommendations for refunds;
- d. Placement of restrictions on billing by faculty members or other health care providers;
- e. Disciplinary action, up to and including termination.

IX. Disciplinary Guidelines

If, as part of the corrective action plan, disciplinary action is recommended, such action shall be taken based on the facts and circumstances relating to the incident(s) of non-compliance. Disciplinary actions may include the following, but are not limited to:

- a. Focused retraining of the faculty and/or employee(s) regarding compliance with documentation, billing or coding issues and standards until he/she has demonstrated competency on the issue(s) in question;
- b. Written warning or reprimand, issued by the Chair or applicable employee supervisor, and placed in the faculty member and/or employee's personnel file. In addition, the faculty member or employee shall undergo mandatory remedial education and competency testing, as described above;
- c. Temporary suspension of the faculty member's billing privileges, if the incidence of non-compliance is determined to be the responsibility of the faculty member. The recommendation shall include the duration of the proposed suspension. Within three (3) months of the reinstatement of billing privileges, the faculty member's charts shall be reviewed by IHBC;
- d. Temporary reduction in the faculty member's compensation, if the incidence of non-compliance is determined to be the responsibility of the faculty member. The recommendation shall include the scope and/or duration of the proposed reduction. Within three (3) months of the reinstatement of the faculty member's regular compensation, the faculty member's charts shall be re-reviewed by IHBC;
- e. Temporary reduction in the employee's compensation, if the incidence of non-compliance is determined to be the responsibility of the employee. Within three (3) months of the reinstatement of the employee's regular compensation, the employee's work product(s) will be re-reviewed by IHBC;
- f. A recommendation for suspension, without pay, or termination of the offending faculty member or employee. The HCPC Hospital Administrator shall make, with input from the Chief Legal Officer, such recommendation to the UTHSC-H President.

Disciplinary action(s) involving HCPC's faculty, administrative and professional staff, or staff members shall be administered in accordance with The University of Texas System Board of Regents' *Rules and Regulations* and the UTHSC-H HOOP **4.08 Termination for Good Cause**, **3.06 Termination of Employment**, or **5.13 Disciplinary Actions**, respectively as applicable.

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X. Revisions to Billing Compliance Plan

This Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements. The HCPC Compliance Coordinator and Compliance Committee shall review the plan at least annually to assure that it remains current and effective. Changes to the compliance plan may be proposed by members of the HCPC-CC or HCPC's individual employees. All changes to the plan must be reviewed and approved by the Chief Compliance Officer and consistent with The University of Texas System Board of Regents' *Rules and Regulations* and UTHSC-H HOOP.