

**The University of Texas Health Science Center at Houston
Harris County Psychiatric Center Inpatient and Outpatient
Healthcare Billing Compliance Plan
November 19, 2007**

I. PREAMBLE	2
II. GENERAL POLICY	2
III. COMPLIANCE ORGANIZATIONAL STRUCTURE	2
IV. EDUCATION AND TRAINING	3
V. MONITORING	5
VI. LINES OF COMMUNICATION	5
VII. INVESTIGATING COMPLIANCE ISSUES	6
VIII. CORRECTIVE ACTION PLAN	6
IX. DISCIPLINARY GUIDES	7
X. REVISIONS TO BILLING COMPLIANCE PLAN	7

I. PREAMBLE

Harris County Psychiatric Center (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 HCPC Healthcare Billing Compliance Plan (Plan), which refers to the formal, ongoing methodology by which HCPC seeks to ensure appropriate individuals within HCPC understand and follow all applicable legal requirements relating to hospital and professional fee reimbursement for healthcare services. This Plan has been reviewed and approved by the Executive Compliance Committee on November 19, 2007 and supersedes any previously drafted or published HCPC Billing Compliance Plans,

II. GENERAL POLICY

The provisions of this Plan apply to all HCPC clinicians and to all other persons and organizations who are involved in billing for HCPC hospital and professional services. All claims for hospital and 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 The University of Texas Health Science Center at Houston (UTHSC-H) policies.

The General Standards of Conduct policy for the HCPC are contained in UTHSC-H *Handbook of Operating Procedures* (HOOP) **2.01** and are incorporated in this Plan as if fully stated herein. HCPC expects that all its clinicians and staff will follow the highest standards of personal conduct as established by federal, state and local laws. As a condition of employment with

All HCPC physicians 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, HCPC employees acknowledge their responsibilities to review the policy and to perform their work in an ethical and legal manner as described.

III. COMPLIANCE ORGANIZATIONAL STRUCTURE

HCPC Compliance Committee (HCPC-CC): HCPC-CC is responsible for approving this Plan and any subsequent revisions, as well as for providing advice and guidance to the Hospital Administrator and the Medical Director on the design and operation of the HCPC Compliance Plan, including matters related to billing compliance. As such, the HCPC-CC shall receive reports reflecting the activities conducted pursuant to this Compliance Plan.

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

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 the department.

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 the HCPC vulnerability to fraud and abuse;
- c. Assists in periodically revising the compliance program in light of changes in the needs of the 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 HCPC coding compliance issues and concerns to the HCPC-CC.
- f. Reporting to the Chief Legal & Compliance Officer and the Office of Legal Affairs and Institutional Compliance (OLAIC) on matters involving billing compliance.
- g. Facilitating department compliance activities within HCPC;
- h. Reporting allegations of suspected misconduct or instances of non-compliance to OLAIC and to the HCPC-CC;
- i. Ensuring and directing the development of an annual Monitoring Work Plan, based on the HCPC Risk Assessment, which is approved by the Chief Legal & Compliance Officer; and
- j. Coordinating with the Chief Legal & Compliance Officer on education programs and monitoring activities.

IV. EDUCATION AND TRAINING

The HCPC Compliance Coordinator 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 Chief Legal & 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. OLAIC and the Compliance Coordinator will be responsible for reviewing and approving HCPC billing compliance training before publication or initiation of the training.

It is the responsibility of the HCPC 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. The HCPC Compliance Coordinator shall develop a system to document that the billing compliance training has occurred, such as, maintaining a training log indicating the attendees, type of training received, and the continued education hours accumulated. OLAIC and Healthcare Billing Compliance will monitor HCPC billing compliance education activities. The Compliance Coordinator may also make inquiries and receive appropriate verbal and/or written response from the Chief Legal & Compliance Officer and OLAIC 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 physicians, health care and billing professional shall receive at least two hours of initial training regarding billing compliance and UTHSC-H coding and documentation policies and procedures. 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 HCPC Compliance Coordinator.
- b. Annually, **existing** HCPC physicians, staff, other health care professionals 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 submission of accurate bills 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 statues; (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. Examples of acceptable billing compliance education may include, but are not limited to:
 - Attendance at Medicare or Medicaid workshops on billing compliance, coding and documentation issues;
 - Annual review and discussion of the U.S. Department of Health and Human Services Office of Inspector General Work Plan Work Plan; and
 - Viewing compliance or coding/documentation-related videos, reviewing audiotapes or completing computer-based training pre-approved by OLAIC.
- c. All charge capture and coding staff are 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:

- Participation in the monthly American Academy of Professional Coders (AAPC) local chapter meetings;
 - 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;
 - Participation in billing compliance, coding or documentation audio conferences that are sponsored or approved by the HCPC Hospital Administrator Medical Director, and/or Compliance Coordinator; and
 - Participation in courses sponsored or conducted by the HCPC Compliance Coordinator.
- d. Annually, each new resident physician shall receive a minimum of three (3) hours training regarding billing compliance, coding, and documentation policies and procedures.

V. Monitoring

At the direction of the Compliance Coordinator, at least annually, review samples of medical records and corresponding bills for all HCPC faculty, residents, fellows, and for all other persons and organizations who are involved in billing for HCPC professional services for compliance with billing policies and with regulatory/legal requirements. HCPC shall develop a detailed Monitoring Work Plan and schedule to accomplish the annual review goal. The work plan should be approved by the Chief Legal & Compliance Officer and should reflect relevant initiatives contained in the U.S. Department of Health and Human Services Office of Inspector General Work Plan, Special Fraud Alerts and other applicable law enforcement initiatives. The findings of these reviews will be presented to the HCPC-CC, the Executive Compliance Committee, and OLAIC. OLAIC will perform quality assurance activities to ensure the accuracy of the findings.

Based on the results of these reviews, the Compliance Coordinator may recommend appropriate corrective action(s) for the affected individual(s) to the HCPC Hospital Administrator and Medical Director. The HCPC Hospital Administrator is responsible for approving the corrective action(s) and for ensuring the corrective action(s) are fully implemented. Follow-up monitoring shall be performed within 45 days to determine the individual's compliance with billing policies and with regulatory/legal requirements. The follow-up results will be presented as previously outlined. Non-compliance results shall be reported to the Executive Compliance Committee.

VI. Lines of Communication

Pursuant to **HOOP 2.01**, HCPC employees are required to report any activity that they believe to be inconsistent with UTHSC-H policies or legal requirements. HCPC employees who report in good faith possible compliance issues shall not be subjected to retaliation or harassment as

a result of the report. 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 Legal & Compliance Officer, or other staff member of the Institutional Compliance division of the Office of Legal Affairs & Institutional Compliance (OLAIC), either 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 HCPC.
- e. A person may make a report by the designated University 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 OLAIC, a review will be made to determine whether an investigation will be undertaken. The Chief Legal & Compliance Officer will determine if an investigation is warranted. Institutional Compliance will conduct or coordinate the investigation and make recommendations for corrective action plans, when required. Reports of allegations and confirmed violations will be reviewed by the Chief Legal & Compliance Officer and presented to the Executive Compliance Committee (ECC.)

VII. Corrective Action Plan

When an instance of non-compliance related to healthcare billing compliance has been identified through monitoring, reporting of possible issues, investigations, or otherwise, the Chief Legal & Compliance Officer will ensure the implementation of a corrective action plan by the Hospital Administrator, the HCPC Medical Director, and the HCPC Compliance Coordinator. The Chief Legal & 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:

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

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

- Modification of billing practices;
- Requirement of additional billing training;
- Recommendations for refunds;
- Placement of restrictions on billing by faculty members or other health care providers;

- 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, but are not limited to:

- Focused retraining of the clinicians and coding staff regarding compliance with documentation, billing or coding issues and standards until he/she has demonstrated competency on the issue(s) in question;
- Written warning or reprimand, issued by the manager or applicable employee supervisor, and placed in the employee's personnel file. In addition, the faculty member or employee shall undergo mandatory remedial education and competency testing, as described above;
- 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 OLAIC;
- 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 OLAIC;
- 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 OLAIC;
- 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 & Compliance Officer, such recommendation to the UTHSC-H President.

All disciplinary action(s) for employees shall be administered in accordance with The University of Texas System Board of Regents' *Rules and Regulations* and UTHSC-H HOOP **4.08 Termination for Good Cause**, **3.06 Termination of Employment**, or **5.13 Disciplinary Actions**, respectively as applicable.

X. Revisions to Billing Compliance Plan

This 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. All changes to the plan shall be submitted to the HCPC Compliance Coordinator, who will submit it to the Chief

Legal & Compliance Officer for review and to ensure appropriate approval is obtained. All changes to the Plan must be consistent with The University of Texas System Board of Regents' *Rules and Regulations* and UTHSC-H HOOP.

This Plan has been reviewed and approved by the Executive Compliance Committee (ECC) on November 19, 2007 and by the HCPC Compliance Committee on November 12, 2007. This Plan supersedes any previously drafted or published HCPC billing compliance plans.