



SUBJECT: BILLING COMPLIANCE PLAN (HEALTH CARE UNITS)	Effective Date: June 14, 2021	Policy Number: 8.4	
	Supersedes: New	Page 1	Of 4
	Responsible Authority: Chief Compliance & Ethics Officer		

APPLICABILITY:

This policy is applicable to all units of the University billing for health care services.

POLICY STATEMENT:

A. Introduction

The University has a strong commitment to ensuring that its health care services are conducted in accordance with applicable law. A critical component of any compliance plan for academic health providers relates to professional fee reimbursement. The regulatory requirements governing such reimbursements are complex and changing. To underscore and enhance its commitment, and to better assist all employees, including faculty physicians and practitioners, in this area, the University is implementing this compliance plan. The compliance plan has the following key features:

- Designation of University official(s) responsible for directing the Billing Compliance Plan;
- Incorporation of policies and procedures that guide University personnel with regard to professional fee billing;
- Development of compliance initiatives at the unit level;
- Training of clinical staff and billing personnel concerning applicable legal requirements and University policies;
- Provision of a mechanism for employees to raise questions and receive appropriate guidance concerning professional fee billing;
- Regular chart and billing reviews by University employees and their designees to assess compliance and to identify potential issues;
- A process for employees to report instances of suspected non-compliance and for such reports to be fully and independently reviewed;

- Regular reviews of the overall compliance effort, including unit specific plans, to ensure that billing practices reflect current requirements and that other current adjustments are made to improve the plan;
- Formulation of corrective action plans to address any instances of non-compliance with University policies or billing requirements.

The compliance plan described in this document is intended as a framework for legal compliance by the University. It is not intended to set forth all the substantive plans and practices of the University that are designed to achieve compliance. The University already maintains various compliance practices and those practices continue to be a part of its overall legal compliance efforts. Moreover, this plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the healthcare system as a whole.

B. Billing Compliance Committee

Responsibility for implementing and managing the Compliance Plan shall be assigned to the Billing Compliance Committee (BCC). The BCC shall consist of representatives from the HIPAA Compliance Task Force as set forth in University Policy 1.18. The BCC shall, with appropriate assistance from counsel, undertake the following activities:

- The review, revision, and formulation of appropriate University policies to guide professional fee billing;
- The review, revision and approval of unit compliance plans, including unit policies relating to billing;
- The review and approval, and in some cases, development of training material and programs;
- The oversight of chart and billing review;
- The review of any inquiries concerning billing or reports of non-compliance to determine whether a compliance issue exists or whether further investigation is necessary;
- Assisting the University's counsel and inspector general in any investigations undertaken to determine whether a compliance problem exists; and
- Developing, with the assistance of University counsel, appropriate corrective action plans to address any compliance issues that have been identified.

The BCC shall work with representatives of the clinical operations, and billing personnel to foster and enhance compliance with all applicable billing requirements. The deans or directors, as applicable, shall have the authority to direct specific billing practices designed to enhance compliance, including, but not limited to, 1) the use of particular codes for deigned services, 2) the procedures and practices used to handle billing, or 3) the imposition of restrictions on billing by particular physicians, or groups of physicians, or other health professionals.

C. Policy Guidelines

The policy of the University is to ensure that all claims for professional fee reimbursement use the proper code for the service provided, that the documentation in the medical record supports the code, and that the claim is submitted in the name of the appropriate provider. To guide physicians and billing personnel in meeting this objective, the BCC shall, with the assistance of legal counsel, review existing policy, procedures and guidelines; revise those documents as necessary; and develop any additional policies, procedures or guidelines that seem advisable. Relevant policies,

procedures or guidelines will become a part of the FAU Billing Compliance Plan. Documents contemplated for development shall include, without limitation, a professional billing policy, guidelines for documentation of professional services, guidelines for billing by non-physician providers, and guidelines for documentation of medical records.

D. Unit Compliance Plans

Each billing unit shall appoint a compliance leader for billing activities. The compliance leader will coordinate compliance activities with the BCC. The BCC will develop a program to ensure regular contact with the compliance leaders. Each billing unit shall prepare a compliance plan to implement compliance efforts. Before becoming effective, such plans shall be reviewed and approved by the BCC to ensure consistency with overall policies. The compliance plans shall, at a minimum, include the following features:

- Written policies and procedures for any billing activities undertaken by unit personnel;
- Educational and training programs, as coordinated with the BCC, to address billing issues of particular importance to the unit;
- A program for ensuring, and documenting, that all new unit personnel, including faculty and staff, receive training with a regard to proper billing;
- A program for routine "spot checks" of the unit billing to review compliance, with the results of such reviews being reported to the unit compliance leader and to the BCC; and
- An annual review of the existing compliance plan in order to identify the need for changes and to identify specific compliance objectives during the succeeding year.

E. Education and Training

The BCC shall provide leadership and guidance to promote the dissemination and understanding of University policies and guidance concerning billing to establish a systematic and ongoing training program that enhances and maintain awareness of billing policies among new and existing staff. Training shall be mandatory for all health care providers and billing personnel. The training materials should identify specific contacts for billing questions. Component units desiring to obtain outside billing consultants should first consult with the BCC.

F. Auditing and Monitoring

Under the supervision of the BCC, a sample of medical records and corresponding bills for each college and division will be periodically reviewed for compliance with the University's billing policies and with legal requirements. On a periodic basis, the BCC may engage an external billing expert to review a sample of records drawn from a cross-section of colleges. Such samples will be de-identified, within the meaning of HIPAA, whenever possible. When appropriate, a business associate agreement will be entered into by external reviewers. If any of these reviews identify instances of possible non-compliance, the BCC shall report that fact to the dean or director of the affected unit. The BCC shall review the situation to determine whether there has been any activity inconsistent with University billing policies or other requirements and, if appropriate, may recommend corrective action.

G. Reporting and Investigating Suspected Compliance Issues

The training material will direct University employees to report to the BCC any activity that they believe to be in violation of University policies or legal requirements regarding billing.

Alternatively, employees may contact the University's Inspector General or the Chief Compliance & Ethics Officer. Whenever a suspected violation is reported to the BCC, an investigation will be undertaken with the assistance of the Office of General Counsel. University employees must cooperate fully with any such investigations. Employees who report in good faith suspected violations shall not be subject to retaliation or harassment as a result of the report. Concerns about possible retaliation or harassment should be reported to the BCC and/or the Division of Human Resources.

H. Corrective Actions Plans

Whenever a compliance issue has been identified, through monitoring, reporting of possible issues, investigations, or otherwise, the BCC should develop a plan to address that issue. In developing a corrective action plan, the BCC should obtain advice and guidance from the University's legal counsel. Corrective action plans should be designed to ensure not only that the specific issue is addressed but also that similar problems do not occur in other areas or colleges. This may require that billing be handled in a designated way, that certain training take place, that restrictions be imposed on billing by particular physicians or other health professionals, that repayment be made, or that the matter be disclosed externally. Sanctions or discipline may also be recommended. If it appears that certain individuals have exhibited a propensity to engage in practices that raise compliance concerns, the corrective action plan should identify actions that will be taken to prevent such individuals from exercising substantial discretion with regard to billing.

INITIATING AUTHORITY: Chief Compliance & Ethics Officer

POLICY APPROVAL
(For use by the Office of the President)

Policy Number: 8.4

Initiating Authority

Signature: _____ Date: _____
Name: Elizabeth Rubin Chief Compliance & Ethics Officer

*Policies and Procedures
Review Committee Chair*

Signature: _____ Date: _____
Name: Elizabeth Rubin

President

Signature: _____ Date: _____
Name: Dr. John Kelly

Executed signature pages are available in the Office of Compliance