



# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

## Operating Policy and Procedure

**HSC OP:** 52.07, **Billing Compliance Plan**

**PURPOSE:** The purpose of this Health Sciences Center Operating Policy and Procedure (HSC OP) is to implement a billing compliance program (BCP) to provide a framework for an effective billing compliance plan encompassing the clinical billing activities within the Schools of Medicine, School of Nursing, School of Pharmacy and School of Allied Health Sciences at Texas Tech University Health Sciences Center (TTUHSC).

**REVIEW:** This HSC OP will be reviewed on June 1 of each even-numbered year (ENY) by the Institutional Compliance Officer (ICO) and the Billing Compliance Advisory Committees, with recommendations for revision forwarded to the Billing Compliance Committee (BCC) by September 1.

### **POLICY AND PROCEDURE:**

#### **1. Defined Terms**

The following terms are defined for purposes of this HSC OP:

- a. **Employees** are faculty, Residents, and staff who receive W-2 wages from TTUHSC who provide health care services/items, and/or participate in health care operations, including, but not limited to administrative support, preparation of health care claims, billing of health care items/services or similar activities.
- b. **Agents** are individuals and entities that have contracted with TTUHSC to provide health care services/items or otherwise participate in health care operations, including, but not limited to administrative support, preparation of clinical claims, billing of health care items/services or similar activities.
- c. **Providers** are Employees and Agents of the TTUHSC School of Medicine, Paul L. Foster School of Medicine, School of Nursing, School of Allied Health Sciences, or School of Pharmacy who engage or participate in the provision of health care services/items billed under a TTUHSC Federal Tax Identification Number. This term includes (but is not limited to) Physicians, Advanced Practice Nurses, Physicians' Assistants, Speech-Language Pathologists, Audiologists, Clinical Pharmacists, and Clinical Psychologists. This term excludes Residents.
- d. **Residents** are individuals who participate in a TTUHSC-approved graduate medical education (GME) program. This term includes Interns and Fellows in GME programs recognized as approved for purposes of direct GME payments made by a Medicare Contractor.
- e. **Fraud** has the same meaning as contained in [TTUS Regents' Rule 07.03](#).
- f. **Violation of Law** means failure or refusal to follow any applicable state or federal law such that criminal and/or civil penalties may be imposed.
- g. **Non-compliance** means failure or refusal to follow applicable state or federal laws or institutional policies whether or not such conduct results in financial risk to TTUHSC. It can include acts that constitute fraud, violations-of-law, or failure to comply with the Billing Compliance Plan or related policies and procedures.

- h. **Proxy** refers to a physician participant, appointed and approved in advance, to function as the designated BCAC member's representative to be utilized in instances where the BCAC member is unable to attend the BCAC function.

## 2. **Billing Compliance Oversight**

- a. Billing Compliance Staff. Each School shall provide adequate resources and authority to the Institutional Compliance Officer (ICO) to implement an effective billing compliance program.
  - 1) Institutional Compliance Officer (ICO). The ICO shall report to the Billing Compliance Committee (BCC) and Institutional Compliance Committee (ICC) on the implementation and effectiveness of the BCP. The ICO shall have primary responsibility for the School of Nursing, School of Allied Health and School of Pharmacy billing compliance oversight activities. Each of the Deans of the Schools of Nursing, Pharmacy, and Allied Health Sciences shall appoint a designee (School Liaison) to coordinate billing compliance oversight with the ICO for their respective Schools. Specific duties and responsibilities of the ICO shall be outlined in billing compliance policies and procedures.
  - 2) Billing Compliance Directors. Each School of Medicine shall provide adequate resources to the ICO to provide billing compliance oversight at each campus where clinical services are provided, to include, but not be limited to staffing of at least a Billing Compliance Director (Director). Directors shall report to the ICO and shall be responsible for billing compliance oversight at their respective Schools of Medicine campus. Specific duties and responsibilities of the Directors (and their staff as applicable) shall be outlined in billing compliance policies and procedures.
- b. TTUHSC Billing Compliance Committee
  - 1) Membership. The TTUHSC Council of Deans is designated as the Billing Compliance Committee (BCC). The BCC (and any subcommittees established by the BCC) shall each be considered a "medical committee" as defined under Texas Health and Safety Code §161.031(a), and/or other applicable state and federal laws. **All documents generated by the BCC, submitted to the BCC or created for the purposes of fulfilling the BCC's duties are confidential and privileged and shall be identified as a "Confidential – Medical Committee Document".** The ICO shall serve as an ex-officio member and Chair of the BCC.
  - 2) Meetings. The BCC shall meet at least twice each year (or more often as necessary) before or after regularly scheduled Council of Deans meetings. The Deans, or their designees of all the Schools, except the School of Biomedical Sciences, must be present for the Council of Deans to conduct business as the BCC.
  - 3) Role and Responsibilities. The BCC shall:
    - a) Receive, at a minimum, annual reports on the billing compliance program activities.
    - b) Review and approve billing compliance policies, and any subsequent amendments to the BCP.
    - c) Provide adequate resources for and support of the BCP.
    - d) Provide guidance to the ICO regarding billing compliance issues and operations.
    - e) Review risk assessments and reports presented by the ICO, and make recommendations based on them.
    - f) Provide advice on billing compliance issues raised by the Schools of Medicine Billing Compliance Advisory Committees (BCAC) and/or the ICO.
    - g) Enforce fair, equitable, and consistent application of billing compliance standards, including corrective actions.

- h) Confirm that corrective action plans and/or disciplinary actions have been carried out.

c. Regional Billing Compliance Advisory Committees (BCAC)

Billing Compliance oversight for the TTUHSC School of Medicine and Paul L. Foster School of Medicine on each regional campus shall be provided by a Regional Billing Compliance Advisory Committee (BCAC). **The BCAC, and any subcommittees or workgroups established by the BCAC, shall each be considered a “medical committee” as defined under Texas Health and Safety Code §161.031(a), and/or other applicable state and federal laws.** All documents generated by the BCAC, submitted to the BCAC or created for the purposes of fulfilling the BCAC’s duties under TTUHSC’s BCP are confidential and privileged and shall be identified as a “Confidential – Medical Committee Document”.

- 1) Membership. The Schools of Medicine Deans and Regional Deans shall appoint members to the BCAC at their respective campuses, to include, at a minimum the following:

- the Dean/Regional Dean or his/her designee,
- the Regional Medical Practice Income Plan (MPIP) Director or his/her designee,
- the Chair of the Regional MPIP Committee or his/her designee,
- the Medical Records Manager and/or a representative from Electronic Health Record/Electronic Medical Record (ex-officio), and
- other individuals based on recommendations from the Director.

The Director and at least one Billing Compliance Analyst (as applicable) shall be ex-officio members of the BCAC. BCAC membership may vary between campuses.

Each physician member shall have the option to appoint a “proxy” to attend BCAC meetings in the event he/she is unable to attend. All “proxy” members of the BCAC committee shall be approved in advance by the Dean/Regional Dean’s Office. Additionally, the role of the “proxy” will be to record and relay information to and from the sitting BCAC member for his/her subsequent comment, as necessary.

- 2) Meetings. The BCAC shall meet at least every other month, or more often as necessary to meet its responsibilities under the BCP. The Director shall chair the meetings. In the Director’s absence, the Billing Compliance Analyst, or the ICO may serve as chair. The presence of a simple majority of members shall constitute a quorum for purposes of conducting business. If a quorum is not present, the meeting may proceed to provide information, but no business (i.e., voting) may be conducted.

- 3) Role and Responsibilities. Each BCAC is responsible for oversight of the billing compliance plan for the School of Medicine at its regional campus. Each campus BCAC shall, with respect to billing compliance oversight at its campus:

- a) Receive, at a minimum, quarterly and annual reports from the Director on the status of the billing compliance program and related activities.
- b) Recommend and/or approve corrective action based on the findings from routine monitoring, risk-based audits, and/or investigations.
- c) Provide guidance to the Director regarding proposed institutional billing compliance policies and procedures, disciplinary action due to Non-compliance, and on issues not covered under existing policies or requiring the attention of the ICO and/or BCC.
- d) Assist the Director in identifying risk areas and high risk activities.
- e) Provide support to the Director in carrying out the various aspect of the BCP, including corrective action.

- f) Verify that appropriate billing compliance education and training has been provided.

d. School Liaisons.

Each of the Deans of the Schools of Nursing, Pharmacy, and Allied Health Sciences shall appoint a designee to coordinate billing compliance oversight with the ICO for their respective Schools.

**3. Other Billing Compliance Areas**

- a. Policies & Procedures. The ICO with input from Directors, BCACs and School Liaisons, shall develop, update and maintain billing compliance policies and procedures addressing billing compliance standards, identified risks and operational procedures. The Billing Compliance Plan and related policies shall be posted on the TTUHSC Billing Compliance website at [http://www.ttuhs.edu/billingcompliance/policies\\_procedures.aspx](http://www.ttuhs.edu/billingcompliance/policies_procedures.aspx).

- b. Education and Training.

- 1) Initial and on-going billing compliance education and training programs shall be developed to address fraud, waste and abuse, and identified billing compliance risk areas. General content criteria, frequency, attendance requirements, and completion deadlines for all billing compliance training shall be established by written policy.
- 2) The Directors are responsible for providing initial and on-going billing compliance education to designated providers and staff in the TTUHSC School of Medicine and Paul L. Foster School of Medicine as directed by the ICO and/or as established in written policy. The ICO is responsible for providing billing compliance education to the Schools of Pharmacy, Allied Health Sciences, and Nursing and in the absence of the Directors to the Schools of Medicine.
- 3) Records of billing compliance education and training shall be maintained in a format to be determined by policy. Billing compliance education materials (electronic and/or hard copy) shall be retained at least ten (10) years.

- c. Monitoring/Auditing and Investigations

- 1) Monitoring/Auditing.

Routine monitoring and auditing shall be conducted based on federal documentation guidelines, carrier guidelines, payer standards, and other applicable regulations in accordance with approved billing compliance policies. Monitoring and auditing results shall be reported to each campus BCAC and the BCC. Audits shall be conducted based upon identified billing compliance risk areas as determined by the ICO and Directors and approved by their respective BCC or BCAC.

- 2. Billing Compliance Investigations

- a) Internal. The ICO shall plan, initiate, and oversee investigations arising from identified or suspected non-compliant billing activity. The ICO may delegate one or more aspects of the investigation to the Directors or other individuals. Results of investigations shall be reported to the BCC and, as necessary, to the affected BCAC.
- b) External. Any external investigations related to documentation and/or billing of health care items/services shall be reported to the ICO as soon as possible.

Requests for information from external investigators must be reviewed by the ICO and/or General Counsel.

#### 4. Reporting Responsibilities and Resources

a. An Employee or Agent with a good faith belief that any conduct or practice constitutes non-compliance or violates the BCP has a responsibility to report it using one or more of the steps below:

- 1) Discuss the issue with their immediate supervisor.
- 2) Discuss the issue with higher level management, such as the Department Administrator, Department Chair, or Dean.
- 3) Bring the issue to the attention of the regional Billing Compliance Director, or the BC Officer.
- 4) Make a confidential and/or anonymous report by:

- **Calling the Compliance Hotline toll free at (866) 294-9352 or**
- **Using the confidential reporting website for TTUHSC at [www.ethicspoint.com](http://www.ethicspoint.com)**

Reporting responsibilities, protections for good-faith reporters, and resources are further described in [HSC OP 52.03, Compliance Hotline](#) and [HSC 52.04, Report & TTUHSC Internal Investigation of Alleged Violations, Non-Retaliation.](#)

#### 5. Response and Corrective Action

a. Response to Allegations

Allegations of billing Non-compliance shall be investigated under the direction of the ICO. Responses to findings of Non-compliance may include, but are not limited to:

- Refunding of health care services/items.
- Mandatory re-education of individuals and/or departments.
- Escalating corrective action as listed below in paragraph b.
- Modification of the BCP, related policies and procedures and/or education materials.

TTUHSC Employees and Agents shall cooperate during any billing compliance investigation and shall not alter or destroy any documentation during the course of any internal or external investigation.

b. Corrective Action and Appeal Rights

Failure or refusal to comply with applicable laws and regulations or with the BCP and related policies may result in corrective action. An Employee's supervisor, Chair, or Dean may also be subject to corrective action when he/she

- (i) directs or approves the Employee's improper actions;
- (ii) is aware of the improper actions and fails to correct them, or
- (iii) otherwise fails to exercise appropriate supervision.

Corrective action may include, but is not limited to, any of the following:

- counseling,
- mandatory education,
- increased monitoring/auditing,
- verbal warning,
- written warning,

- reclassification or reassignment of duties,
- suspension of billing privileges for Providers,
- suspension of clinical privileges for Residents,
- termination of employment or contractual relationship with TTUHSC.

Corrective action and appeal rights will be addressed in accordance with existing policies including, but not limited to, each Schools' Faculty Handbook, the School of Medicine Housestaff Policies and Procedures, [HSC OP 70.31](#), and [Regents' Rule 04.03](#).

## **6. Right to Change Policy**

TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.