2.0 Training: New Provider Orientation

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<tr>
<th>Approved Date: 11-19-2009</th>
<th>Effective Date: 12-01-2009</th>
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<td>Last Revised: June 1 2015</td>
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A. PURPOSE

All new and returning TTUHSC health care providers (Providers) shall receive orientation to the TTUHSC Billing Compliance Plan (TTUHSC OP 52.07) and applicable documentation standards prior to having their billing number activated for the purpose of submitting claims.

B. POLICY

Providers shall complete initial orientation to the TTUHSC Billing Compliance Plan and related policies and procedures before their billing number is activated for submission of claims to payors.

C. SCOPE

This policy shall apply to all new or returning TTUHSC physician and non-physician providers in the Schools of Medicine, School of Nursing, School of Pharmacy and School of Allied Health Sciences who bill for health care services or items under a TTUHSC tax ID number.

D. DEFINITIONS

For purposes of this policy, these terms shall have the meanings set forth below:

1. “Providers” include, but are not limited to Physicians (M.D. or D.O.), Advance Practice Nurses, Physician Assistants, Certified Nurse Mid-Wife, Licensed Clinical Social Worker, Psychologists, Pharmacist, Speech Language Pathologist, Audiologist and any other health care professional licensed and credentialed by TTUHSC to provide and bill for health care items or services, either using their own provider number or the number of a supervising TTUHSC physician.

2. “Schools of Medicine” mean the Texas Tech University Health Sciences Center School of Medicine and the Paul L. Foster School of Medicine.
E. **PROCEDURE**

1. **Notification of New Provider.**

   Each Clinical Department (Department) shall:

   - Notify the Regional Billing Compliance Director/Officer (BCD/O) of the anticipated arrival of each Provider as soon as possible prior to the Provider’s arrival.

   - Arrange an initial billing compliance orientation session for the Provider to meet with the BCD/O. The orientation session shall be scheduled at the earliest date possible.

2. **Provider Billing Number.** The provider’s billing number shall not be activated for the purposes of submitting claims until the requirements described in this policy have been satisfied.

   a. The provider, shall receive, at a minimum, the following information:

      - The website link to TTUHSC OP 52.07, Billing Compliance Plan.
      - Information, handouts and/or links to web-based training modules applicable to the Provider, which may include, but is not limited to:
        - 1995 and/or 1997 Documentation Guidelines for Evaluation and Management Services, as applicable.
        - Teaching Physician Documentation Rules, as applicable.
        - TTUHSC EMR Playbook.
        - Most recent Billing Compliance Annual Education session for the Provider’s department, as applicable.
        - Link to the Billing Compliance website and orientation to the contents, including Billing Compliance policies and procedures.
        - Any other resources as determined by the BCD/O or ICO or Department Chair (for the School of Pharmacy).

      The BCD/O will determine which resources are applicable to each Provider. At the conclusion of the Initial Orientation, the BCD/O and Provider shall complete and sign the “New Provider Orientation Acknowledgement,” Attachment A of this policy; filing the original and providing a copy to the Provider.

   b. The BCD/O shall report to the Billing Compliance Advisory Committee (BCAC) those Providers oriented and whose billing numbers have been activated for billing purposes since the previous BCAC meeting.
c. The ICO shall report to the Institutional Compliance Working Committee (ICWC) the Providers oriented and whose billing numbers were activated for billing purposes since the previous BCC meeting.

3. **Provider.** Each provider is responsible for reviewing and understanding the Billing Compliance Plan and applicable documentation standards.

4. **Activation of Provider Billing Number.** The BCD/O shall notify the appropriate Business Office as soon as the Provider has completed the orientation requirements, at which point the Provider’s billing number can be activated for purposes of submitting claims to payors.

F. **ADMINISTRATION AND INTERPRETATIONS, REVISIONS OR TERMINATION**

Questions regarding this policy may be addressed to the appropriate BCD/O.

Refer to Billing Compliance Program Policy and Procedure 1.0 Policy Development and Implementation

Failure to comply with this policy shall result in appropriate disciplinary action.

This policy shall be reviewed no later than April 1 in each odd-numbered year.
Texas Tech University Health Sciences Center  
Billing Compliance Program Policy and Procedure

Provider Orientation Acknowledgement

I received orientation in person from

<table>
<thead>
<tr>
<th>Billing Compliance Director/Officer</th>
<th>Institutional Compliance Officer</th>
<th>Managing Director, Compliance</th>
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I was provided with copies of, or links to, the following resources (indicated by a checkmark in the first column):

<table>
<thead>
<tr>
<th>Resource Description</th>
<th>URL</th>
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<tbody>
<tr>
<td>TTUHSC OP 52.07, Billing Compliance Plan</td>
<td><a href="http://www.ttuhsc.edu/hsc/op/op52">http://www.ttuhsc.edu/hsc/op/op52</a></td>
</tr>
<tr>
<td>Documentation of Evaluation and Management Services</td>
<td></td>
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<tr>
<td>Teaching Physician Documentation</td>
<td></td>
</tr>
<tr>
<td>Most recent Billing Compliance Annual Education session for the Department of</td>
<td></td>
</tr>
<tr>
<td>Billing Compliance website and contents;</td>
<td><a href="http://www.ttuhsc.edu/billingcompliance/default.aspx">http://www.ttuhsc.edu/billingcompliance/default.aspx</a></td>
</tr>
<tr>
<td>Billing Compliance policies and procedures;</td>
<td><a href="http://www.ttuhsc.edu/billingcompliance/policies_procedures.aspx">http://www.ttuhsc.edu/billingcompliance/policies_procedures.aspx</a></td>
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<tr>
<td>Other (specify)</td>
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During the orientation, I was provided with an opportunity to ask questions, which have been answered to my satisfaction, except as noted below. I understand that I may approach the BC Director/Officer, Institutional Compliance Officer or Managing Director of Compliance at any time with additional questions or concerns.

Questions pending at time of this acknowledgement (may attach separate page if needed):

Provider Signature ___________________________ Date ____________

Provider Name – Please type or print ____________________________

BC Director/ICO/Chair Signature ___________________________ Date ____________