

**Texas Tech University Health Sciences Center
Billing Compliance Program Policy and Procedure**

5.2 Routine Billing Compliance Monitoring	
Original Approval: March 11, 2011	Effective Date: March 11, 2011
Last Revised: December 1, 2011	

A. PURPOSE

The purpose of this policy is to establish routine monitoring of health care claims billed under Texas Tech University Health Sciences Center's (TTUHSC) tax identification number to identify potential risk areas and improve documentation and coding of health care items and services by TTUHSC employees and contractors.

B. POLICY

Each clinical Department and/or provider shall be monitored in accordance with this policy to verify accuracy of coding and identify potential or actual billing/coding compliance risks.

C. SCOPE

This policy applies to all TTUHSC clinical coding and billing areas in the Schools of Medicine, School of Nursing, School of Allied Health Sciences and School of Pharmacy

D. PROCEDURE

1. Prospective v. Retrospective Monitoring

- a. The Billing Compliance Advisory Committee (BCAC) (Schools of Medicine) or School, as applicable, shall determine whether to conduct billing monitoring prospectively (i.e., after the claim has been fully processed through the billing system but before the claim has been submitted for payment) or retrospectively (i.e., after the claim has been submitted for payment).

The following campuses in the School of Medicine have adopted prospective monitoring:

- 1. Permian Basin
 - 2. Amarillo
2. For those Schools/campuses that decide to conduct retrospective monitoring, claims shall be selected not more than three (3) months prior to the calendar quarter in which the monitoring occurs unless it is necessary to look farther

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back to obtain the minimum ten (10) encounters for that provider. See 2(a)(2) below.

3. Monitoring Selection Process.

a. *Schools of Medicine (HSC & Paul L. Foster).*

- 1) A minimum of ten (10) encounters per year shall be monitored for each provider who bills health care items or services under a TTUHSC tax identification number (hereafter referred to as "Billing Provider"). This includes, but is not limited to M.D., D.O., LPC, NP, PA, CSW, and any other professional under whose name services are billed.
- 2) The Billing Compliance Director (BC Director) or his/her staff shall assign each Billing Provider to a calendar quarter for monitoring purposes. New Billing Providers shall be assigned to either the calendar quarter for their date of hire or the calendar quarter immediately following their date of hire. In rare instances where a provider may only produce a small number of charges, it may be necessary to move the provider back in the rotation to allow for an adequate number of charges to accumulate to allow for an appropriate sample size.
- 3) The BC Director and/or their staff shall select ten (10) encounters to be monitored for each Billing Provider during each calendar quarter in which they will be monitored, focusing on the Billing Provider's (or Department's) unique billing/coding compliance risks, including factors such as previous monitoring results, internal or external audits, and/or government identified risk areas (i.e., OIG Work Plan, RAC audits, CERT). Selection is based on the type of services provided and should include, as appropriate, inpatient and outpatient encounters, consultations, teaching physician encounters, and surgeries/procedures.
- 4) Each Department (or Coding Supervisor) shall designate one or more individuals (i.e., Monitors) to conduct the monitoring. A Monitor shall not review or monitor any encounter in which the Monitor also participated in the coding and/or billing of the encounter.
- 5) The BC Director and/or their staff shall provide the monitoring selections (see #2 above) to the designated Monitors at their campus no later than the middle of the first month of the calendar quarter in which the monitoring is scheduled. For prospective monitoring, the Director and/or their staff may provide the monitoring selections later in the quarter consistent with the physician's rotation schedule so the

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selection represents the physician's claims pattern (i.e., outpatient and inpatient services).

b. School of Nursing

- 1) A minimum of ten (10) encounters per year shall be monitored for each provider who provides health care items/services that are billed by the Larry Combest Wellness Center (hereafter referred to as Billing Provider).
- 2) The Institutional Compliance Officer (ICO) shall assign each Billing Provider to a calendar quarter for monitoring purposes. New Billing Providers shall be assigned to either the calendar quarter for their date of hire or the calendar quarter immediately following their date of hire.
- 3) The ICO shall select ten (10) encounters to be monitored for each Billing Provider during each calendar quarter, focusing on the Billing Provider's unique billing/coding compliance risks, including factors such as previous monitoring results, internal/external audits, and/or government identified risk areas (i.e., OIG Work Plan, RAC audits, CERT). Selection is based on the type of services provided by the Billing Provider.
- 4) The ICO shall conduct the monitoring.

4. School of Allied Health Sciences and School of Pharmacy

The ICO shall coordinate with the Billing Compliance Liaison of each School to identify and monitor potential billing compliance risk areas specific to the clinical practices of that School. The ICO shall develop appropriate monitoring tools to monitor the unique health care items and service billed through the clinical practice activities of these two Schools.

5. Responsibilities of Monitors

- a. Monitors shall utilize the most current version of the [TTUHSC Monitoring Handbook](#) to conduct the quarterly monitoring, to include use of the appropriate Monitoring Tool(s) contained in the Appendices to the TTUHSC Monitoring Handbook appropriate to the services to be monitored.
- b. A single encounter shall not be monitored by more than one monitor even if the encounter involves multiple services.

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- b. Monitors shall not change or delete any of the monitoring selection information provided by the BCO for monitoring purposes without written approval of the BC Director or his/her staff.
 - c. Monitors shall base their monitoring findings on the TTUHSC Monitoring Handbook, TTUHSC Billing Compliance policies and specific payer policies applicable to the services being monitored.
 - d. Monitors in the Schools of Medicine shall complete their monitoring and submit their results to their campus BC Director's office no later than the last business day of the calendar quarter in which the monitoring was scheduled. Monitors may request an extension due to unusual or extenuating circumstances, with the exception of lost or missing medical records. Such extension may be granted at the discretion of the BC Director.
 - e. Monitors shall review the findings on Appendix B with the provider and obtain the provider's signature on Appendix B. The monitor shall then sign Appendix B and return the signed Appendix B to the BC Director no later than the last day of the calendar quarter in which the monitoring occurred. Monitors may request an extension due to unusual or extenuating circumstances. Exceptions to signatures will be granted to those providers that are no longer employed or have been deployed or in those cases where an extension was requested and granted by the BC Director. The BC Director shall notify Departments of those monitors that consistently fail or refuse to comply with this policy. The Billing Compliance Advisory Committee and/or Billing Compliance Committee shall be responsible for addressing continuing non-compliance with this portion of the policy.
6. Responsibilities of Billing Compliance Office (BCO)
- a. The BCO shall verify the information provided by the Monitors and make any corrections to information erroneously entered into the Audit Submission form. Such verification shall include, but not be limited to, accuracy of the identified findings looking at the face of the information provided; accuracy of the audit finding selection (i.e., should it be an A-2 rather than B-2 or B-3); sufficiency of detail in the comments to describe a finding; completeness of the information.
 - b. The BC Director shall utilize information from the monitoring results to identify potential risk areas which shall be addressed through education (either focused or annual), modification of processes, or other means.
 - c. The BC Director shall report to the ICO and their campus Billing Compliance Advisory Committee (BCAC) any monitoring findings from

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their campus that indicate a risk of fraud, waste or abuse, including, but not limited to improper coding trends, or patterns of upcoding or downcoding.

- d. The BC Directors throughout the year shall periodically review the Monitoring Handbook and Appendices, providing detailed suggestions for improvement to the Compliance Resource Manager in the Institutional Compliance Office on or before the last working day of September of each year.

7. Annual Education for Monitors

- a. The BC Director or his/her staff shall provide annual live education during January or February (at the latest) of each year to Monitors on proper use of the Monitoring Handbook and Monitoring Tools contained in the Appendices thereto.
 - b. Monitors shall complete annual training provided by the campus BCO on how to monitor and use the TTUHSC Monitoring Handbook and Appendices.
8. The BC Director and his/her staff shall provide guidance and be available to answer questions posed by Monitors related to monitoring of health care items and services pursuant to this policy and the TTUHSC Monitoring Handbook.
9. The Resource Compliance Manager shall develop an on-line education module on proper use of the TTUHSC Monitoring Handbook and Appendices, which shall be updated annually on or before the last day of April of each year.

E. ADMINISTRATION AND INTERPRETATIONS

Questions regarding this policy may be addressed to the campus BC Director or the ICO.

Failure or refusal to comply with this policy shall result in appropriate disciplinary action and or other action necessary to implement an effective billing compliance program.

F. AMENDMENTS, REVISIONS OR TERMINATION

This policy shall be reviewed no later than January 31 in each year.

This policy may be amended or terminated at any time, subject to approval of the Billing Compliance Committee.

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G. CERTIFICATION

I certify that this policy was approved by the Billing Compliance Committee, as reflected in the minutes dated December 1, 2011.



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Institutional Compliance Officer