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

5.2 Billing Compliance Monitoring	
Original Approval: March 11, 2011	**Effective Date:** March 11, 2011
	Last Revised: August 7, 2017

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

Clinical departments and/or providers shall be monitored in accordance with this policy to verify accuracy of coding and identify potential or actual billing/coding compliance risks. Audits will be conducted by the OIC Billing Compliance Office (BCO) and/or external billing compliance service retained by OIC. Clinical department coders may be called upon to assist in audits as needed.

C.   SCOPE

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

D.   PROCEDURE

Quarterly audits will be a combination of provider monitoring and risk-based audits. Dependent upon volume of risk-based audits, a provider's performance on previous monitoring, and available OIC resources, not all providers may be included in annual provider monitoring.

1) PROVIDER MONITORING
   Those providers selected by OIC for monitoring will have ten (10) encounters randomly selected by MD Audit program. The number of encounters for audit may be adjusted based upon availability of encounters and as approved by the OIC. The selected claims shall not be more than three (3) months old unless necessary to look farther back to obtain sufficient number of encounters. Eligible providers are those who bill health care items or services under a TTUHSC tax identification number.

   For **provider monitoring only**, each campus will determine if monitoring will be performed 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 campus(es) in the School of Medicine have adopted prospective physician monitoring:
1. Permian Basin

The following campus(es) have adopted retrospective physician monitoring:
1. Lubbock
2. Amarillo

Reporting Findings

a) Retrospective monitoring: The OIC Billing Compliance Office will report findings back to the respective clinical department for their review. The clinical department will have 15 calendar days to respond with either their agreement to the finding(s) accompanied by signed provider form, disagreement with the finding for subsequent discussion and resolution with the BCO, or request for extension of time to respond due to provider being unavailable, e.g., vacation, illness, leave of absence.

If there is no response of any kind from the clinical department by the 15th calendar day, the BCO will present their findings to HSC MPIP Business Office so that any identified overpayments can be refunded to the payer.

Identified overpayments are reported to the HSC MPIP Business Office via email to the Managing Director and/or Unit Manager for Repayments/Recoups. The BCO will post the encounters for repayment on the "refund recoup spreadsheet" link at the Business Office Shared Point site (Lubbock campus) or other Shared Point site for shared reporting between the BCO, MPIP Business Office and others as appropriate.

b) Prospective monitoring: The OIC Billing Compliance Office (BCO) will report findings back to the respective clinical department for their review. The department will have 15 calendar days to respond with either their agreement to the finding(s) accompanied by signed provider form, disagreement with the finding for subsequent discussion and resolution with the BCO, or request for extension of time to respond due to provider being unavailable, e.g., vacation, illness, leave of absence.

The BCO will <u>not release</u> the encounters in question for billing until the clinical department has corrected the encounters or the findings are otherwise resolved with the BCO.

2) RISK BASED AUDITS

Risk based audits review compliance with specific areas that have been identified as potential risk to the Institution. Risks are identified through the OIC annual risk assessment as well as previous monitoring results, internal or external audits, government identified risk areas (i.e., OIG Work Plan, RAC audits, CERT) and/or issues/concerns reported to the OIC.

Risk based audits will be performed on a **retrospective** basis at all campuses. Any overpayments identified during a risk based audit will be refunded in accordance with TTUHSC Billing Compliance Program Policy and Procedure 3.1, Report and Return of Overpayments.

Findings will be reported the ICO and the respective campus Billing Compliance Advisory Committee (BCAC).

For overpayment processes, refer to BCP 3.1 Report and Return of Overpayments

ADMINISTRATION AND INTERPRETATION, REVISIONS OR TERMINATION

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.

Questions regarding this policy may be addressed to the TTUHSC Institutional Compliance Officer or BCO.