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Introduction

Creighton University ("Creighton"), is anchored in ethics, pledged to excellence and committed to service in educating future health care providers and delivering quality health care to our patients. As our employees and agents, you are an extension of Creighton and are expected to conduct your activities in compliance with all applicable laws, regulations, and University policies, as well as the ethical and religious directives for Catholic health care facilities.

Creighton’s Compliance Plan for Health Sciences Billing and Patient Services, (The Plan), serves as a guide and resource to you to ensure that quality health care is provided in an ethical and legal manner and is appropriately billed. It is important that you recognize the role this Plan plays in maintaining Creighton’s high ethical standards because the success of our compliance program depends in large part on your support and cooperation.

Due to the on-going changes in the health care industry, this plan may be updated and revised periodically. In addition, policies, procedures and compliance memoranda addressing compliance standards will be issued that will become part of this Plan.

As President of Creighton University, and Vice President for Health Sciences, and Dean of the School of Medicine, we fully endorse the Compliance Plan for Health Sciences Billing and Patient Services on behalf of Creighton University and Creighton Medical Associates (CMA). This Plan supports Creighton’s commitment to maintaining high ethical standards in our delivery of and billing for quality health care services.

We ask that you carefully read this Plan and assist us and your colleagues in supporting Creighton’s standard of ethics, excellence and service. Your support and adherence to this Plan are critical to Creighton’s future.

President, Creighton University

Vice President, Health Sciences
and Dean of the School of Medicine
Mission Statement

The mission of this compliance program for Creighton University's Health Sciences Schools is to provide adequate resources to faculty, staff, residents and others involved in patient care activities to ensure proper billing of health care services and items according to federal and private payer requirements. This mission is designed to support the strategic objectives outlined in the Health Sciences Schools mission statement.

Purpose of the Billing Compliance Plan

The purpose of this Plan is to define the scope of conduct expected of you as our Employees and Agents providing and billing for health care items and services. With this Plan, Creighton will promote compliance with the legal duties applicable to it as a health care provider (in addition to those already contained in University policies), foster ethical conduct, and provide guidance to Creighton's employees and agents providing and billing for health care services and items. This Plan is not intended to be, nor can it be, all-inclusive and therefore, we rely upon your sense of fairness, honesty and integrity to meet the challenges you may face in providing and billing for quality health care.

Scope of the Billing Compliance Plan

This Plan applies to all Employees (faculty and staff) and Agents as defined in this Plan, who are involved in the delivery of health care services or items that are billed under Creighton University's tax identification number. Although this Plan may primarily impact Creighton Medical Associates, the faculty practice of the School of Medicine, it also applies to the School of Dentistry’s clinical activities, the School of Pharmacy and Health Professions outpatient pharmacies and clinical services, as well as all Health Sciences Schools faculty providing patient care activities on behalf of Creighton University.

This Plan also addresses and supports health care quality initiatives and privacy issues administered and implemented through other components of CMA and/or Health Sciences Schools, as more specifically outlined in the Standards of Conduct section of this Plan.
Definitions

For purposes of this Plan, these terms shall have the following meaning:

1. **“Employees”** are those persons employed by Creighton, as either faculty or staff, who bill for health care services or items under Creighton’s tax identification number, as well as support staff as determined by the Billing Compliance Committee. This may include, but is not limited to, CMA Physicians and Non-Physician Providers, Dentists, Nurses, Occupational and Physical Therapists, and Pharmacists, as well as any administrative, clinical and billing personnel.

2. **“Agents”** are those individuals and entities that have contracted with Creighton University or any one of its Health Science Schools to provide health care related services, supplies, equipment or other items, and includes all Residents within the Health Sciences Schools.

3. **“Creighton Medical Associates (“CMA”)”**, is the faculty practice of Creighton University’s School of Medicine which provides academic instruction and training to Residents who have graduated from an accredited medical school and provides medical services to the community through faculty physician members and providers who are either Employees or Agents.

4. **“Teaching Physician”** is a CMA physician employee or agent (other than a Resident) who involves Residents in the care of his or her patients. Non-physician providers and Residents are not Teaching Physicians.

5. **“Resident”** is an individual who participates in an approved graduate medical education (GME) program, including interns and fellows in GME programs recognized as approved for purposes of direct GME payments. Residents and fellows who are not in an approved GME program, are considered either Employees or Agents under this Plan.

6. **“Designated health services”** means: (a) clinical laboratory; (b) physical therapy; (c) occupational therapy; (d) radiology or other diagnostic services; (e) radiation therapy; (f) durable medical equipment; (g) parenteral and enteral nutrients, equipment, and supplies; (h) prosthetics, orthotics, and prosthetic devices; (i) home health; (j) outpatient prescription drugs; and (k) inpatient and outpatient hospital services. Categories (a) through (d) are designated by CPT code annually by the Center for Medicare and Medicaid Services (CMS).

7. **“Health care services and items”** refers to all medical, pharmaceutical, occupational/physical therapy and/or dental care services or items provided by Creighton Employees and Agents.
UNIVERSITY OVERSIGHT

Governing Authority
The University Board of Directors is responsible for the University’s operations. The Board’s Subcommittee on Hospital and Health Affairs (Subcommittee) has responsibility for the oversight of the University’s health care programs conducted through the Health Sciences Schools, as well as the Billing Compliance Program outlined in this Plan. The Subcommittee has delegated responsibility for day-to-day oversight of the Billing Compliance Program to the University General Counsel and the Billing Compliance Committee. The Subcommittee receives annual reports on the Billing Compliance Program, as well as periodic reports as appropriate for it to ensure adequate compliance oversight.

Organizational Leadership
The University President is responsible for the day-to-day operations of the University. The Vice Presidents, including the Vice President for Health Sciences, report to the President, who reports directly to the University’s Board of Directors.

The Vice President for Health Sciences is responsible for the operations of the Health Sciences Schools, which include the School of Medicine, School of Nursing, School of Dentistry and School of Pharmacy and Health Professions. Each professional school is managed by a Dean who reports directly to the Vice President for Health Sciences.

University General Counsel
The University General Counsel reports to the University President and to the University’s Board of Directors, including the Subcommittee on Hospital and Health Affairs. The University General Counsel has full and complete access to the Board and Subcommittee.

THE BILLING COMPLIANCE PROGRAM

Billing Compliance Committee
The Billing Compliance Committee (Billing Compliance Committee) is responsible for implementing the Plan related to the billing of health care services and items. It meets monthly to advise on billing compliance issues and provides guidance and support to the Billing Compliance Director.

The University President appoints the Billing Compliance Committee based on recommendations from the Billing Compliance Committee, and/or the Vice President for Health Sciences. The Billing Compliance Committee shall include, at a minimum, the Compliance Director, the Vice President for Health Sciences or his/her designee, the Deans of the School of Medicine and School of Dentistry or their designees, the CMA President/Associate Dean for Clinical Affairs for the
School of Medicine, and at least one physician representative from CMA’s Compliance Liaison Committee. The Director of Internal Audit shall serve as an ex-officio (non-voting) member of the Committee. Current members of the Billing Compliance Committee are listed at http://www.creighton.edu/billingcompliance.

**Compliance Director**
The Compliance Director is responsible for the day-to-day operation of billing compliance consistent with this Plan and other applicable standards. The Compliance Director reports to the University General Counsel and Billing Compliance Committee. The Compliance Director is responsible for recommending policies and procedures, providing orientation and basic compliance training, handling Hotline calls and coordinating any necessary billing compliance investigations, and conducting periodic risk assessments. The Compliance Director also supervises billing compliance staff. The Compliance Director or his/her designee chairs the Billing Compliance Committee and the Compliance Liaison Committee.

**Compliance Liaison Committee - School of Medicine**
The Compliance Liaison Committee serves as a liaison between each clinical department in the School of Medicine and the Billing Compliance Director to address compliance issues at a department level. The Committee is composed of the Compliance Director and a physician appointed by each clinical department (who is also a member of the CMA Compliance Liaison Committee) or his/her designee. The Compliance Liaison Committee meets at least every two months as determined by its members.

**Billing Compliance Resources**

Each professional school is governed by complex and ever-changing rules and regulations as it relates to the provision and billing of health care services or items. Creighton recognizes that this can create areas of uncertainty for our Employees and Agents. Questions and concerns about the appropriate way to handle various situations may, and often do arise during the course of your job. Creighton has several resources that are available to you should you encounter any situation that raises a billing compliance question or concern.

**THE BILLING HELPLINE (402-280-5846)**
The Helpline is a resource that provides information on billing health care services or items, including Current Procedural Terminology (CPT) and International Classification of Diseases (ICD), coding issues. You should use the Billing Helpline if you have any questions on how to document, code or bill a health care service or item.
BILLING COMPLIANCE REPORTING LADDER

First and foremost, if you believe that any conduct is wrong or is questionable, don’t do it until you are convinced that the conduct is appropriate. If you believe any conduct may violate this Plan, follow Creighton’s “Reporting Ladder” process outlined below.

1. **Step One:** Discuss it with a co-employee or your immediate supervisor. If you do not feel comfortable about raising it at this step, then go to Step Two.

2. **Step Two:** Discuss the issue with higher level management. If you do not feel comfortable about discussing it at this level, then, go to Step Three.

3. **Step Three:** Call the Confidential Billing Hotline (402-280-2107).

Confidential Billing Hotline

(402) 280-2107

The Confidential Billing Hotline (the Billing Hotline) is an internal resource which allows Employees and Agents to seek guidance, or to anonymously report potential or actual violations of this Plan or related billing policies without fear of retaliation or retribution. Caller anonymity will be maintained to the extent allowed by law.

Employees and Agents are required to report any known or suspected billing non-compliance. No person shall be retaliated against for making a good-faith report of known or suspected non-compliant billing conduct. Failure to report known noncompliant conduct/activity is considered a violation of this Plan. Any supervisor or other management personnel who receives a report of known or suspected noncompliant billing conduct shall forward the information to the Compliance Director or Billing Hotline.

Any Employee or Agent who makes an intentionally false report of billing noncompliance or misuses the Billing Hotline shall be subject to discipline and/or termination of their employment or affiliation with Creighton.
Standards of Conduct

Creighton acknowledges that as a health care provider, it operates under complex and rapidly changing laws and regulations in its provision of quality health care and billing for services and items. Numerous federal and state laws and regulations, and provider contracts define and establish the obligations with which Creighton, and its Employees and Agents must comply. Any Employee or Agent who violates these laws, regulations, and/or contractual provisions not only risks possible individual criminal prosecution, monetary penalties and exclusion from federal health care programs, but also subjects Creighton to the same risks and penalties. These Standards of Conduct are based upon general ethical and legal obligations. Any Employee or Agent who violates these Standards of Conduct will be subject to discipline, which could include termination of employment or affiliation with Creighton.

A. Patient Care  
B. Ethical and Legal Responsibilities  
C. Coding and Billing Practices  
D. Maintain Confidentiality  
E. Conflict of Interest  
F. Proper Referrals  
G. Internal and External Investigations and Accrediting Bodies

These Standards are implemented through various policies and procedures adopted by Creighton University or its various Schools and Departments, including the Health Sciences Schools and CMA. Policies related to billing compliance are approved by the Billing Compliance Committee, and forwarded, as appropriate to either the Health Sciences Deans or the CMA Board for approval. All approved billing policies are posted on the Billing Compliance website at: http://www.creighton.edu/billingcompliance.

A. PATIENT CARE: Deliver compassionate and appropriate quality health care services and items to all of our patients.

Pursuant to Creighton University’s policies, no patient will be denied medically necessary treatment based upon his/her source of payment. All of our patients are treated with respect and dignity regardless of their age, race, creed, color, disability, national origin, religion or sex.

Each Creighton health care professional shall be duly licensed and shall only provide health care services or items to patients within the scope of his/her license. All health care services or items recommended and/or provided by our Employees or Agents shall be medically necessary as determined by the accepted professional standards of the health professional.

Patients are entitled to a full understanding of their individual medical needs. Therefore, it is essential that the patient (or his/her legal representative) be fully
informed of the benefits and risks of any health care treatment. As applicable, informed consent will be obtained in writing from the patient or his/her legal representative prior to providing any treatment.

Employees and Agents shall comply with all Federal and State regulations and laws regarding the evaluation, admission, treatment and/or transfer of patients with emergency medical conditions regardless of the nature of the medical condition, as well as women in active labor.

CMA and the Dental School have each established quality programs which are responsible for developing and implementing appropriate programs to address quality issues in the clinical setting. Questions or concerns regarding patient quality of care should be addressed through these programs.

QUESTIONS AND ANSWERS

Q: We have a hearing impaired patient who insists on bringing an interpreter who then bills our office for the interpretation services. Can we insist that the patient use our interpreter?

A: It is important that patients understand the medical services to be provided and their responsibilities. Under the Americans with Disabilities Act (ADA), a provider is responsible for providing auxiliary aids (e.g., translator, TDD) for effective communication with the hearing impaired patient (or his/her legal representative). The provider does not have the right to make a decision on the means of effective communication without consulting the patient. This general rule also applies to non-English speaking patients. If you are unsure about your obligations, contact your Supervisor, the Compliance Director or General Counsel’s Office 280-5589.
Q: A 12-year old boy has been brought to our clinic by his babysitter for treatment. The babysitter does not have authority to consent to treatment for the 12-year old boy. What should we do?

A: It is necessary that the patient's medical record contain the appropriate written consents for treatment. For most medical treatments, the child's parent, legal guardian or a person with a valid power of attorney for health care decisions can give valid informed consent. In this case, you must obtain a valid written consent for treatment from an authorized person. If the patient is being seen for routine treatment (i.e. allergy shots, blood sugar check, follow-up treatment for a known condition), then the original informed consent should be sufficient to allow treatment. You can also treat a minor patient with a life-threatening condition (i.e., severe asthma attack) until he/she is stable. If you are unsure about whether or not treatment can be provided to a minor child, you should contact your supervisor, or General Counsel 280-5589, for further guidance.

B. ETHICAL AND LEGAL RESPONSIBILITIES: Exercise and display good judgment and obey all laws in performing your job duties.

As a Jesuit University, Creighton is committed to ensuring that it operates under the highest ethical and moral standards and that its business activities comply with applicable laws, and with the ethical and religious directives for Catholic health care facilities. This level of integrity is evidenced through truthfulness, the absence of deception or fraud, and respect for, and adherence to, applicable laws. Most of these ethical duties are grounded on moral principles and are represented in our legal obligations. Our Employees and Agents are expected to follow the standards of the University, the standards set forth in this Plan, as well as all applicable laws, and conduct their business and personal activities with the highest level of integrity.

No person shall make, file or use any false, fictitious, or fraudulent statements, or documents in connection with the delivery of, or payment for, health care services or items. No person shall falsify, conceal or cover up a material fact in the performance of his/her duties. No information shall be given with respect to coverage of inpatient services that the person knows is false and could influence the decision regarding when to discharge an individual from any health care facility.

If, during the course of performing your job obligations, you feel that some activity is ethically or legally wrong, you should seek immediate guidance through your Supervisor(s), the Compliance Director, or General Counsel before continuing such activity.
QUESTIONS AND ANSWERS:

Q: The physician I work for has asked me to do something that I feel is wrong and against The Plan. I don’t want to do something that is wrong, but I’m afraid I may lose my job if I don’t do what I have been told. What should I do?

A: First, consider discussing the request with the physician to be sure you understand the facts and that he or she is aware of your concerns. If you feel that you cannot comfortably discuss the request with the physician, go to the next level in the “Reporting Ladder”. Another resource that is available is the Confidential Billing Hotline (280-2107). Do not take part in any known illegal activity that could affect your job or the reputation of Creighton University. Remember, Creighton prohibits retaliation against employees who raise billing compliance concerns in good faith.

Q: Whom should I contact if I think an Employee or Agent is violating the Billing Compliance Plan or the law?

A: The effectiveness of Creighton’s Billing Compliance Plan depends upon you taking appropriate action if you suspect non-compliant conduct is occurring or is about to occur. If possible, you should first report the activity to your supervisor. If this is not possible, or the issue is not resolved at this level, then continue up the “Reporting Ladder”, to senior management. If there is no resolution within your working location or if you feel uncomfortable reporting to someone within your “Reporting Ladder”, you should call the Confidential Billing Hotline (280-2107).
C. PROPER CODING AND BILLING PRACTICES: Ensure that health care services are accurately coded and timely billed according to payer requirements.

Creighton’s billing practices comply with all applicable federal and state payer requirements, as well as all private payer contracts and agreements. Any Agents engaged by Creighton to provide billing or coding services must have appropriate procedures to ensure the accuracy of all billings. Employees and Agents shall abide by the Creighton Billing and Claims Submission Standards outlined on page 30 of this Plan.

It is important, for payment purposes, that each patient’s medical record accurately reflects the health care services and items provided. All billing claims and patient records shall be accurate, complete and detailed to the extent required by law, University policies and professional standards.

Health care services and items must be supported by adequate documentation in the patient’s medical record. Operate under the assumption that if it is not documented, it did not happen and cannot be billed. Payer and CMA policies and procedures should be referenced to determine proper documentation for health care services and items.

Medicare’s Teaching Physician Rules (42 CFR 415.170-415.280) regarding Teaching Physician presence and participation apply to all payers, unless otherwise stated in payer standards, or written guidance or policy, or through written waiver from the Billing Compliance Committee or the Compliance Director. CMA policies addressing Medicare’s Teaching Physician requirements are at http://www.creighton.edu/billingcompliance/MSPP.htm.

All Evaluation and Management (E/M) Services, regardless of payer, shall be documented according to the most recent E/M Guidelines issued by the American Medical Association (AMA) and Center for Medicare and Medicaid Services (CMS) and implemented by CMS.

CMA Employees and Agents are expected to know and follow Creighton’s written billing policies and procedures, located at http://www.creighton.edu/billingcompliance/MSPP.htm and CMA’s approved billing policies.

Creighton shall promptly refund any identified overpayments received from any payer.
QUESTIONS AND ANSWERS:

Q: My supervisor has told me to only bill a patient's insurer for health care services we provided and not to bill the patient for the co-pay and deductible amounts. What should I do?

A: Medicare and most private payers require Creighton to collect a patient's copay and deductible amounts when billing services or items. Waivers of co-pays and deductibles could result in civil or criminal liability because the claim would not reflect the actual charge for services or items. Creighton has adopted a Waiver of Co-Insurance Policy (http://www.creighton.edu/complianceprogs/MSPP.htm) which should be reviewed. If your supervisor insists on waiving the co-pay or deductible and you believe this may violate CMA's or the payer's policies, you should contact the next level on the "Reporting Ladder" or contact the Billing Hotline (280-2107).

Q: I am a coder. The physician gave me a charge ticket, selecting the code to be billed for the health care services. After reviewing the patient's medical record, I do not think the documentation supports the code selected by the physician. What should I do?

A: While the physician has ultimate liability for the claims he/she submits to the payer, incorrect codes can also expose you and Creighton to monetary penalties and possible exclusion from the federal health care programs. Coding requirements are complex and ever changing, and it is essential that Creighton health care providers have the support of trained and experienced coders to accurately bill for their services. Such a situation will require tact on your part. If possible, discuss your concerns with the physician assuring him/her that your concerns are based on the documentation supporting the code he/she selected, not the care provided. If this is not possible or the physician refuses to address your concerns, then you should report your concerns using the “Reporting Ladder” or contact the Billing Hotline (280-2107).

Q: I am a certified coder who works in the reference laboratory (CML). We received a requisition for a blood test from a physician that does not contain any diagnosis code (ICD-9 code). Can I select an appropriate diagnosis code so we can bill for the test?

A: No one but the ordering health care provider can provide the diagnosis for any diagnostic test ordered, including laboratory tests. You should follow Creighton Medical Laboratory's (CML) policies and procedures for obtaining a diagnosis for each laboratory test requested by the ordering health care provider when there is no diagnosis listed on the requisition form.
D. MAINTAIN CONFIDENTIALITY: Preserve confidential Creighton business information, and patient health information.

Patient Information
Sensitive information is obtained from patients in order to provide the best possible care. Our patients have the right to expect that their privacy will be protected and that personally identifiable health information will only be released as allowed by law.

Creighton University’s Privacy Officer is responsible for developing and implementing appropriate policies and procedures regarding the privacy of patient information in accordance with federal and state laws and regulations.
All patient information, including all oral and written patient information, created, obtained or used within the clinical setting (e.g., clinics, hospital) must be treated in a confidential manner. Patient-specific information is not released or discussed with others unless it is necessary to treat the patient or is allowed or otherwise required to be released by law. Patient-specific information will only be released to authorized persons or by the patient’s written authorization. Patient information shall be maintained and retained in accordance with written policies and the law. Questions regarding the release or disclosure of patient information should be directed to your Supervisor or the University Privacy Officer (280-3469 or privacy@creighton.edu).

**Creighton Business Information**

Information obtained, developed or produced by Creighton, its Employees and/or Agents is confidential and shall not be disclosed to anyone outside Creighton without proper authorization. Confidential information includes, but is not limited to, patient lists, personnel data, fee schedules, clinical information, research data, financial data, legal advice/opinions and marketing strategies. Confidential information should be maintained in a secure location. Information expressly identified as “confidential” may only be disclosed or released as required in the performance of your job or as expressly authorized to appropriate Employees, Agents or payer representatives.

**QUESTIONS AND ANSWERS:**

**Q:** Can we provide a patient with copies of his/her health care records if the patient requests them?

**A:** While Creighton owns the health care record, the patient is generally entitled to receive summaries or copies of their health care record upon receipt of an appropriate written request. If you have any questions about releasing confidential patient information, you should contact your immediate supervisor for further assistance or contact the University Privacy Officer.

**Q:** We have received a subpoena from an attorney requesting copies of a patient’s health care record. What should we do?

**A:** Creighton is required to maintain the confidentiality of patients’ health care records and can only release such records under certain circumstances, including release pursuant to a valid subpoena. All subpoenas for release of patient health care records (or other business records of Creighton) should be reviewed and approved by a designated individual in your department/school before releasing any information pursuant to the subpoena. Any questions should be addressed to the University Privacy Officer or General Counsel’s Office, 280-5589.
Q: I have received a copy of a consultant’s report marked “confidential.” To whom can I give copies of this report?

A: All documents and information prepared or received by Creighton are confidential and are the property of Creighton. Most documents generated or received by Creighton (i.e. Blue News, memos, etc.) can usually be circulated among Employees and Agents. However, information marked “confidential”, “private”, or in some other manner noting its confidential nature, should only be disclosed to Employees and Agents on a “need-to-know” basis. You should contact your supervisor for guidance if you have any doubts about disclosing documents or information prepared or received by you as an Employee or Agent.

E. AVOID CONFLICTS OF INTEREST: Conduct our business activities to avoid any conflict of interest or the appearance of a conflict of interest.

A conflict of interest exists where your actions or activities on behalf of Creighton also involve the receipt of an improper gain or advantage to you, or creates an adverse effect on Creighton. A conflict of interest can also occur when it prevents you from exercising due care, skill and judgment on behalf of Creighton in performance of your assigned duties. Employees and Agents are to avoid engaging in any activity or practice that violates Creighton’s conflict of interest policies, or federal or state laws.

Because health care providers have a unique trust relationship with their patients, Employees shall not participate in any activity that would jeopardize
our patients’ trust in Creighton. No Employee or Agent shall offer or give anything of value to any patient that influences or appears to influence the patient’s judgment in the selection of health care providers/suppliers. Co-pays or deductibles may be waived in accordance with CMA policy and applicable law without violating this standard. No Employee or Agent shall accept any payment that induces them to reduce or limit health care services or influences a decision to discharge a patient from a health care facility.

Negotiated insurer discounts are acceptable. Legitimate price discounts must be properly disclosed and appropriately reflected in the charges for health care services or items, as applicable.

QUESTIONS AND ANSWERS:

Q: I overheard a conversation between a pharmaceutical sales representative and a co-worker where the sales rep offered the free use of the pharmaceutical company’s time-share in Florida. What should I do?

A: An Employee or Agent who accepts any gifts, money or other items of value from any person or organization that does business with Creighton may have violated the University’s policies and this Plan and could be subject to discipline, which could include termination of employment or association with Creighton. If such a situation arises, you should try to discuss it with the co-worker and make sure they are aware of Creighton’s policies and the Standards of Conduct set forth in this Plan. If you still feel that the co-worker may be violating University policies or this Plan, then you should report the situation using the “Reporting Ladder” or contact the Billing Hotline (280-2107).
Q: I am a physician and have been offered free travel to attend and speak at a seminar sponsored by a pharmaceutical company as part of a drug study. Does this pose a conflict of interest?

A: Pharmaceutical companies must abide by the standards set forth under the Prescription Drug Marketing Act (PDMA) as well as other federal laws (i.e. Anti-kickback) which are also applicable to Creighton and its Employees and Agents. Generally, payment of travel expenses and/or speakers fees (honorariums) for legitimate participation in a manufacturer-sponsored seminar is acceptable, but may need to be disclosed under other Creighton policies. The government closely scrutinizes such activity to assure that no inappropriate payments are made or received which may influence a physician’s judgment in providing and/or prescribing medically necessary treatment. If you have any concerns about the appropriateness of accepting any honorarium, you should contact General Counsel (280-5589) for further guidance.

Q: A vendor would like to give me a copy of a current CPT coding manual. Can I accept it and, if so, is it mine to keep?

A: Creighton purchases many items in bulk from contracted vendors. You should first contact your supervisor to determine if this particular manual has been (or will be) purchased by Creighton. If not, and the value of the CPT manual is nominal, then you may accept the book. However, you are accepting the CPT manual on behalf of Creighton and the manual is not yours to keep. Please review Creighton’s conflict of interest policies under the Guide To Policies, http://www.creighton.edu/President/PresOfc/index.html.

F. PROPER REFERRALS: Referrals are based upon the patient’s health care needs and are made and accepted in accordance with the law.

Employees and Agents shall not pay for health care referrals or accept payments for health care referrals. No payment or other items of value shall be accepted by, or paid to, anyone that would influence the referral of a patient to a particular provider for the provision of health care services or items. Such payments or other items of value would be considered bribes, kickbacks or inducements and are prohibited under the Federal Anti-kickback law. Examples of prohibited payments include minimal or no rent for office space or leased medical equipment. Further, the volume or value of referrals that a provider has made to Creighton shall not be considered when referring a patient to another healthcare provider.

Creighton physicians are prohibited, under the Stark law, from referring Medicare or Medicaid patients to an entity in which the physician, or his/her immediate family member (parents, children, grandparents, grandchildren),
have a financial relationship, for the provision of designated health services. No claims shall be submitted to Medicare or Medicaid for any designated health services provided as a result of a prohibited referral.

All proposed contractual relationships involving Creighton University’s Health Sciences Schools are reviewed and approved by General Counsel prior to acceptance by Creighton to ensure compliance with both the Anti-kickback and Stark laws.

**QUESTIONS AND ANSWERS**

**Q:** I work for a CMA physician whose spouse owns ABC Company that provides physical therapy services. I recently learned that this physician has been referring patients to ABC Company for physical therapy. What should I do?

**A:** Generally, physicians are prohibited from referring Medicare/Medicaid patients to an entity in which the physician, or his/her immediate family member have a financial relationship. In this case, the physician would not be allowed to refer Medicare/Medicaid patients to ABC Company because the physician’s spouse owns the company which provides designated health services (e.g., physical therapy). You should contact your supervisor or the Billing Hotline (280-2107) if you become aware that a Creighton physician is referring patients to an immediate family member (i.e. spouse, parent, child, grandparent, or grandchild) for provision of designated health services.

**Q:** I recently found out that we have a written, signed agreement with another health care facility which I do not think was reviewed by General Counsel. What should I do?

**A:** Although it is unlikely that a signed contract would not have been reviewed by General Counsel, if you have doubts about whether or not the contract was reviewed by General Counsel, you should inform your supervisor, who should then confirm with General Counsel whether or not the contract was reviewed and approved.

**G. INTERNAL AND EXTERNAL INVESTIGATIONS AND ACCREDITING BODIES:** Cooperate with all internal investigations and all legitimate government investigations. Cooperate with accrediting bodies.

**Internal Investigations**
As part of this Plan, it may be necessary to conduct an internal investigation to determine whether or not non-compliant activity or conduct is or has
occurred. You are expected to cooperate and assist as requested in any internal investigation.

**External Investigations**
Creighton will cooperate with all reasonable demands made in any government investigation of Creighton, its Employees or Agents. If you are approached by someone who identifies him/her self as a government agent, you must immediately notify your supervisor who shall follow the procedures under the Government Investigations policy and immediately notify the University General Counsel. General Counsel shall determine the legitimacy and scope
of any investigation and establish the proper procedures for cooperating with the investigation. You may agree or refuse to talk with a government investigator and you have the right to seek legal counsel before responding to any questions from a government agent. In all cases, tell the truth.

You must not prevent, obstruct, mislead, delay, or attempt to prevent, obstruct, mislead or delay the communication of information or records to a government investigator. All policies regarding the destruction of documents shall be suspended until the investigation has been completed and General Counsel has reinstated the policies. If you receive a subpoena or other legal document (such as a Civil Investigative Demand) from any government agency, you should immediately contact your supervisor who should then contact the University General Counsel.

**Accrediting Bodies**
Creighton University deals with all accrediting bodies in a direct, open and honest manner. No action should ever be taken that would mislead the accredditor or its survey teams, either directly or indirectly. All standards of the accrediting group will be followed.

**QUESTIONS AND ANSWERS**

**Q:** How do I know if a government investigation is legitimate?

A: Your supervisor or other senior management will notify you if Creighton becomes the subject of a legitimate government investigation. General Counsel’s office will make the determination of whether or not a government investigation is valid and the scope of any government investigation.

**Q:** A man came to our office and showed me his badge, stating he was with the FBI, and asked to see specific patient files. I told him he had to contact General Counsel. Was this the right thing to do?

A: Yes. Although Creighton will fully cooperate with any legitimate government investigation, it is important that the scope and validity of any government investigation first be confirmed by Creighton’s General Counsel to assure confidentiality of patient records and Creighton information. No patient files or Creighton information should be released until General Counsel has confirmed the existence of a valid government investigation. If a government agent gives you a subpoena for patient information and/or Creighton information, you should contact General Counsel to confirm the validity and scope of the subpoena before releasing the information.
Personnel Screening and Evaluation

**Employees:**
All new Employees undergo a criminal background check, which includes a search of applicable government sanction/exclusion lists, including the Office of Inspector General’s (OIG) list. The credentialing process for faculty physician Employees includes a criminal background check and search of the OIG sanction list. Each year, the Human Resources Department conducts a search of all Employees (including faculty) against the most current OIG sanction list. Additional lists may be checked as required by law.

**Agents:**
All new Residents are checked against the current OIG sanction list. Thereafter, Residents are included in HR’s annual OIG sanction check process. Purchasing conducts a search of new vendors and an annual check. All other Agents must affirm that they have not been excluded from participation in any federal health care benefit program.

Creighton shall implement procedures to terminate any Employee or its relationship with any Agent who, or which, fails or refuses to act in good faith with respect to the compliance duties imposed by this Plan. Creighton shall implement procedures to address its continuing relationship with any Employee, or Agent, who, while employed by or affiliated with Creighton, is convicted of a health care-related crime or is excluded from participation in federal programs, and shall immediately remove him/her/it from direct responsibility
or involvement in any federal or state funded health care programs. Creighton shall implement procedures to closely monitor any Employee or Agent with pending criminal charges relating to health care, or proposed exclusion from participation in any federal or state funded health care programs.

Adherence to the Plan shall be an element of the annual employee evaluation for each employee who is subject to this Plan. Compliance with the Plan and laws and regulations applicable to entities participating in health care programs is a condition of employment or association with Creighton.

Training and Education Programs

It is important that Creighton’s governing body, as well as its Employees and Agents are aware of this Plan and the standards which apply to Creighton as a health care provider. Appropriate training shall be provided at all levels of the University. Training may be provided in various forms, including live training, video taped sessions, web-based training, newsletters and other written materials.

All Board Members, Employees and Agents shall receive this Plan. Members of the Subcommittee on Hospital and Health Affairs, as well as all Employees and Residents shall receive initial orientation to the Plan and periodic training on relevant risk areas. Employees and/or Agents involved in providing or billing for health care services or items may be required to participate in specific billing compliance training as mandated by the Billing Compliance Committee, CMA or the Dental School. The Compliance Director has authority to accept training obtained from other institutions or sources in substitution for Creighton mandated billing compliance training. CU Employees and Residents are expected to attend all mandatory compliance education and training sessions. Failure to attend mandatory training shall result in appropriate disciplinary action.

The Compliance Director is responsible for ensuring that training is updated at regular intervals to include new developments in the law and shall keep the Billing Compliance Committee advised of such developments and the need for any additional training.

The Compliance Office provides training on annual coding changes as well as annual training on billing compliance audit procedures. CMA provides instruction to qualified Employees to enable them to take the AAPC’s exam for certification as a professional coder. The Compliance Office and CMA also provide continuing education opportunities for certified coders through internal education sessions.
Creighton’s monitoring and auditing system is reasonably designed to detect noncompliance and criminal conduct in order to achieve compliance with standards, policies, procedures, laws and regulations.

Audit policies and procedures have been implemented within CMA which are designed, in part, to determine the accuracy and validity of coding and billing submitted to all payors, detect instances of noncompliance, and identify corrective actions. Monitoring and auditing of patient care and billing activities at other Health Sciences Schools may be required and will be determined on a case-by-case basis.

The Compliance Office oversees monitoring and auditing activities for the professional fee and billing system to ensure that compliance objectives set forth by this Plan are achieved. Integral and vital to this oversight function is ensuring that identified instances of noncompliance are resolved and corrective actions implemented timely to prevent future noncompliance.

The Internal Audit Department reviews the activities of the Compliance Office and may conduct audits of schools, clinical departments, or providers as part of an evaluation of the University’s system of internal control over patient
billing services. In addition, the Internal Audit Department may assist with investigations or other regulatory matters at the request of the Compliance Director or General Counsel.

The Billing Compliance Committee may recommend corrective actions to the appropriate institutional officials and may recommend that an independent organization be hired to review the billing process, policies and practices of Creighton to ensure that governmental and third party payors are billed accurately.

Response to Noncompliance

INVESTIGATION OF SUSPECTED NONCOMPLIANCE

All instances of suspected or known noncompliance shall be promptly investigated.

Clinical departments may initiate an investigation of suspected or known billing noncompliance, but must promptly notify the Compliance Director. The Compliance Director shall determine whether the department can continue its investigation or whether the matter should be investigated by the Compliance Office, Internal Audit or General Counsel’s Office.

The Compliance Director shall determine the manner and method of investigating any suspected or known billing non-compliance identified through the Billing Hotline. At any time, General Counsel may request that the Compliance Director conduct an investigation under the control of General Counsel.

After completion of the investigation, a written report must be prepared, identifying the alleged noncompliance and the findings of the investigation, including any recommended corrective action and response to non-compliance to prevent it from reoccurring.

RESPONSES TO NONCOMPLIANCE

Responses to noncompliant conduct can include but not limited to one or more of the following:

- Modification of the coding and billing system where necessary;
- Adjustment of policies and procedures;
Engaging in steps necessary to reduce the error rate; 

Increasing auditing and/or monitoring activity; or

Corrective Action/Enforcement

PROCEDURES AFTER DETECTION OF NONCOMPLIANCE

1. **Negligence or Inadvertent Noncompliance.** If it is determined after investigation, that noncompliant conduct occurred as a result of negligence or inadvertence, the matter shall be handled by the appropriate supervisor, who shall inform the Compliance Director in writing of the proposed corrective action and response. The Compliance Director has the right to approve or modify in any manner the corrective action and response proposed by the supervisor. Any individual dissatisfied with the corrective action imposed by his/her supervisor and/or the Compliance Director may appeal the decision to the Billing Compliance Committee within ten (10) business days from the date of the Compliance Director’s approval or modification of the corrective action. Such appeal shall be by written letter to the Billing Compliance Committee chairperson stating the reasons why the proposed corrective action is not appropriate. The Billing Compliance Committee shall schedule a meeting within a reasonable time to review the request and either affirm or modify the corrective action. The Compliance Director shall have no vote in such matters.

2. **Willful, Knowing Misconduct or Gross Negligence.** If it is determined, after investigation, that noncompliant conduct occurred as a result of willful and knowing action or gross negligence, then the matter shall be referred to the Billing Compliance Committee for corrective action. The Billing Compliance Committee shall determine the response and appropriate corrective action, in light of all available information. An individual dissatisfied with the corrective action imposed by the Billing Compliance Committee may appeal directly to the University President within ten (10) business days from receipt of the written decision of the Billing Compliance Committee. Such appeal shall be by written letter to the University President stating the reasons why the proposed corrective action is not appropriate. The University President shall respond in writing within a reasonable time and either affirm or modify the corrective action and/or response.
Enforcement

Those individuals or departments found to be noncompliant as defined by these policies and procedures will be subject to corrective action.

Corrective action will be taken against:

► those involved in noncompliant conduct/activity;
► those who fail to report known noncompliant conduct/activity;
► Department Chairs and/or Administrators who were aware or should have been aware of non-compliant conduct or activity and/or failed to take necessary steps to achieve compliance with the Plan; and
► Supervisors who negligently fail to detect compliance violations that occur.

Appropriate corrective action measures shall be determined on a case by case basis or as otherwise established by written policy of CMA or the other Health Sciences Schools. Corrective action can include, but not be limited to:

► Additional training
► Verbal Warning
► Written warning
► Suspension without pay
► Demotion
► Termination
► Recalculation and forfeiture of past clinical compensation based upon non-compliant activity.
► Suspension of billing
Employee/Agent Acknowledgement

I acknowledge that I:

1. Have received, and agree to read, the Creighton University Compliance Plan for Health Sciences Billing and Patient Services (the “Plan”).

2. Will comply fully with the standards contained in this Plan and any compliance policies/procedures applicable to my responsibilities at Creighton.

3. Will report any conduct that I believe to be illegal or to violate this Plan or any compliance policies/procedures to my Supervisor, the Compliance Director or through the Billing Hotline (280-2107).

4. Will seek advice from my Supervisor, through the Reporting Ladder, the Helpline (280-5846) or the Hotline (280-2107) regarding any actions required to comply with the Plan or related policies/procedures.

5. Understand that my failure or refusal to comply with the Plan or compliance policies/procedures will result in disciplinary action.

6. Understand that this Plan does not, in any way, constitute an employment contract or an assurance of continued employment.

Creighton reserves the right to occasionally amend, modify or update this Plan.

__________________________________________________________________________
Name (Please Print)                                             Signature

__________________________________________________________________________
Department                                                  Position

__________________________________________________________________________
Date

* COMPLETE, SIGN AND RETURN TO THE COMPLIANCE OFFICE *
Employee/Agent Acknowledgement

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_____________________________  __________________________
Name (Please Print)                Signature

_____________________________  __________________________
Department                       Position

_____________________________
Date

EMPLOYEE/AGENT COPY
Creighton Billing and Claims Submission Standards

It is a violation of this Plan to:

1. Bill for services or supplies not provided.
2. Misrepresent the diagnosis to justify the services or equipment furnished.
3. Alter claim forms to obtain a higher payment amount.
4. Engage in a pattern of duplicate billing to obtain reimbursement to which Creighton is not entitled.
5. Offer, pay, solicit or receive any kickback, bribe or rebate.
6. Unbundle or “explode” charges to inappropriately enhance payment.
7. Complete Certificates of Medical Necessity (CMNs) for patients not personally and professionally known by the provider.
8. Misrepresent the services rendered, amounts charged for services rendered, identity of the person receiving or providing the services, dates of services, or frequency, duration, or description of services.
9. Bill for noncovered services as covered services.
10. Utilize split billing schemes.
11. Routinely waive patient copayments or deductibles.
12. Engage in a pattern of billing, certifying, prescribing or ordering services that are not medically necessary or, if medically necessary, not to the extent provided.
13. Request or obtain additional payments for covered services from the patient other than co-payments or deductibles.
14. Bill or submit claims that involve over-utilization of services without proper regard for results, the patient’s ailment, condition, medical needs, or the provider’s orders.
15. Fail to comply with limiting charge requirements on billing federal programs.
16. Intentionally submit incorrect, misleading or fraudulent information to any payer.
17. Intentionally falsify, destroy or withhold records relating to the billing and claims submission function.
18. Fail to maintain patient confidentiality in accordance with applicable federal and state laws as part of the billing and claims submission process.

If you suspect or become aware of any activity listed above, you must promptly report such activity in accordance with the Compliance Reporting Ladder or to the Billing Hotline.