

## ***Policies and Procedures - School of Medicine***

<b>SECTION:</b> <b>COMPLIANCE</b>	<b>Approved:</b> 1/13/99	<b>Effective Date:</b> 01/01/2001	<b>Revised:</b> 04/12/2001
<b>SUBJECT:</b> <b>CORRECTIVE ACTION PLAN</b>	Revises Policy Revised: 4/22/99		
<b>POLICY:</b> <b>Billing Documentation &amp; Coding Deficiencies</b>	PAGE 1 OF 7		

### **I. PURPOSE**

To establish an effective means of assuring compliance with Creighton University's Compliance Plan for Health Sciences (the " Compliance Plan") by all Creighton employees (faculty, residents and staff) as it pertains to billing documentation and coding requirements. To further assure compliance with federal and state coding and billing requirements as well as third-party payer requirements for coding and billing for health care services provided by Creighton providers.

### **II. POLICY**

Creighton providers and staff are expected to strive for one hundred percent (100%) compliance with the billing documentation and coding requirements as required by federal and state laws and regulations, and private third party payer agreements to avoid any over-billings or under-billings.

Each clinical department is expected to audit a minimum of ten (10) encounters per year for each provider, focusing on the department's/provider's particular billing/coding compliance risks. Providers shall be audited in blocks of ten (10) encounters per audit (an "audit block"). Smaller departments are encouraged to perform more than one audit block per physician per year. A provider's audit block shall be performed during at least one calendar quarter.

### **III. SCOPE**

This policy shall apply to all Creighton employees (faculty, residents and staff), within each clinical department of the School of Medicine who is involved in the billing process.

**Policies and Procedures - School of Medicine**

<b>SECTION:</b> <b>COMPLIANCE</b>	<b>Approved:</b> 1/13/99	<b>Effective Date:</b> 01/01/2001	<b>Revised:</b> 04/12/2001
<b>SUBJECT:</b> <b>CORRECTIVE ACTION PLAN</b>	Revises Policy Revised: 4/22/99		
<b>POLICY:</b> <b>Billing Documentation &amp; Coding Deficiencies</b>	PAGE 2 OF 7		

**IV. PROCEDURE**

**A. Measuring Non-Compliance.** Clinical departments conducting internal auditing/monitoring shall utilize the chart set forth in Attachment "A" (the "Chart") to measure billing documentation and coding non-compliance and to identify who is responsible for the identified non-compliance. The Chart corresponds with the Audit Face Sheet to be used under the Audit Policy/Procedure.

**B. Physician Corrective Action Plan**

1. Level One - Creighton physicians who fail to perform within 100% of the compliance objective during an audit will result in the following corrective action:

<b>POINTS</b>	<b>CORRECTIVE ACTION</b>	<b>RESPONSIBLE PARTY</b>
1-6	a. Notify provider of any deficiencies noted	a. Department
7-12	a. Written notice to provider of deficiencies noted  b. Provide training on noted deficiencies within a reasonable time	a. Department  b. Department
13-18	a. Written notice to provider of deficiencies noted, copy to Compliance Officer  b. Provide training on noted deficiencies within thirty (30) days. (May be extended at Department's discretion)  c. If training not completed within the allotted time period, refer to Compliance Committee for further action.	a. Department  b. Department  c. Department and Compliance Committee

**Policies and Procedures - School of Medicine**

<b>SECTION:</b> <b>COMPLIANCE</b>	<b>Approved:</b> 1/13/99	<b>Effective Date:</b> 01/01/2001	<b>Revised:</b> 04/12/2001
<b>SUBJECT:</b> <b>CORRECTIVE ACTION PLAN</b>	Revises Policy Revised: 4/22/99		
<b>POLICY:</b> <b>Billing Documentation &amp; Coding Deficiencies</b>	PAGE 3 OF 7		

<b>POINTS</b>	<b>CORRECTIVE ACTION</b>	<b>RESPONSIBLE PARTY</b>
13-18, cont'd.	d. Prospective audit of an audit block (10 encounters) within sixty (60) days from training with written report to Compliance Officer. Continue audit block (10 encounters) audit until provider receives less than 13 points, with update written reports to Compliance Officer until provider receives less than 13 points.	d. Department
19 or more	<p>a. Written notice to provider of deficiencies noted, copy to Compliance Officer</p> <p>b. Provide training on noted deficiencies within thirty (30) days.</p> <p>c. If training not completed within thirty (30) days refer to Compliance Committee for further action.</p> <p>d. Prospective audit of an audit block (10 encounters) within thirty (30) days from training with written report to Compliance Officer. Continue audit block audits until provider receives less than 13 points, with written update reports to Compliance Officer.</p>	<p>a. Department</p> <p>b. Department</p> <p>c. Department and Compliance Committee</p> <p>d. Department</p>

**Policies and Procedures - School of Medicine**

<b>SECTION:</b> <b>COMPLIANCE</b>	<b>Approved:</b> 1/13/99	<b>Effective Date:</b> 01/01/2001	<b>Revised:</b> 04/12/2001
<b>SUBJECT:</b> <b>CORRECTIVE ACTION PLAN</b>	<b>Revises Policy Revised: 4/22/99</b>		
<b>POLICY:</b> <b>Billing Documentation &amp; Coding Deficiencies</b>	<b>PAGE 4 OF 7</b>		

2. Level Two. Two audits in a row, including corrective action audits under Level 1, resulting in either: (a) 19 or more points for all documentation/coding errors or (b) finding the same noted deficiencies for a specific documentation/coding error resulting in 13 or more points will result in the following corrective action.

<b>POINTS</b>	<b>CORRECTIVE ACTION</b>	<b>RESPONSIBLE PARTY</b>
19 +  OR  13 + (same noted errors)	<p>a. Written notice to provider of deficiencies noted, copy to Compliance Officer</p> <p>b. Provide training on noted deficiencies within thirty (30) days.</p> <p>c. If training not completed within thirty (30) days, then refer to Compliance Committee for further action.</p> <p>d. 100% concurrent billing review focused on the compliance deficiencies until billings reflect 80% compliance for the area(s) of non-compliance. If billing audits do not reflect 80% compliance within sixty (60) days, then proceed to Level 3 - Corrective Action Plan and notify the Compliance Officer. If 80% compliance is reached proceed to item "e" below.</p> <p>e. Audit an audit block (10 encounters) within sixty (60) days after 100% concurrent billing review is halted.</p>	<p>a. Department</p> <p>b. Department</p> <p>c. Department and Compliance Committee</p> <p>d. Department</p> <p>e. Department</p>

**Policies and Procedures - School of Medicine**

<b>SECTION:</b> <b>COMPLIANCE</b>	<b>Approved:</b> 1/13/99	<b>Effective Date:</b> 01/01/2001	<b>Revised:</b> 04/12/2001
<b>SUBJECT:</b> <b>CORRECTIVE ACTION PLAN</b>	Revises Policy Revised: 4/22/99		
<b>POLICY:</b> <b>Billing Documentation &amp; Coding Deficiencies</b>	PAGE 5 OF 7		

3. Level Three. Either: (a) three audits in a row, including corrective action audits, resulting in 19 or more points or (b) failure to meet the compliance standards under Level 2, will result in the following corrective action.

<b>POINTS</b>	<b>CORRECTIVE ACTION PLAN</b>	<b>RESPONSIBLE PARTY</b>
19 or more points after three audits in a row or failure to meet level 2 standards	<p>a. Written notification to physician of compliance deficiencies, copy to Compliance Officer</p> <p>b. Mandatory intensive re-training within fifteen (15) business days, unless extended by the Compliance Officer.</p> <p>c. 100% concurrent billing review of the area(s) of compliance deficiency until billings reflect 90% compliance for each area of non-compliance. If 80% compliance is not reached within sixty (60) days written notice to Compliance Officer who shall notify Compliance Committee for further action, to include, but not limited to, referral to the Dean for suspension of billing privileges until satisfactory progress is achieved, termination of faculty appointment or other corrective action to achieve compliance.</p> <p>d. Audit an audit block (10 encounters) within thirty (30) days after 100% concurrent billing review is halted.</p>	<p>a. Department</p> <p>b. Department and Compliance Officer</p> <p>c. Department; Compliance Officer; Compliance Committee; and Dean</p> <p>d. Department</p>

**Policies and Procedures - School of Medicine**

<b>SECTION:</b> <b>COMPLIANCE</b>	<b>Approved:</b> 1/13/99	<b>Effective Date:</b> 01/01/2001	<b>Revised:</b> 04/12/2001
<b>SUBJECT:</b> <b>CORRECTIVE ACTION PLAN</b>	Revises Policy Revised: 4/22/99		
<b>POLICY:</b> <b>Billing Documentation &amp; Coding Deficiencies</b>	PAGE 6 OF 7		

4. Clinical Laboratory Billings. The Department of Pathology is expected to conduct appropriate audits of its clinical (reference) laboratory billing activity and to take appropriate measures to assure compliant coding of such services. The Compliance Officer shall be notified, in writing, of any unusual areas of non-compliance and corrective action proposed and/or taken to correct the problem.
  
5. Refunds of Identified Overpayments. The Department shall take appropriate action to refund, as soon as possible, any over-payments identified during an audit.
  
6. Physician Disagreement with Level Three Corrective Action. A Creighton physician who disagrees with the corrective action taken or proposed against him/her under Level 3 may submit a written request for review to the Dean of the School of Medicine within five business (5) days of imposition of the corrective action. The Dean, within ten business (10) days, shall review the matter and issue a written determination, which shall be final.

**C. Creighton Resident Non-Compliance Corrective Action Plan.**  
 Deficiency findings due to a Creighton resident's non-compliance resulting in twelve (12) or more points during an audit period of any one or more physicians shall be reported to the appropriate Department and GME program. It shall be the responsibility of the Department to provide appropriate training to the resident regarding any noted deficiencies totaling twelve (12) or more points.

**D. Non-Physician Employee Non-Compliance Corrective Action Plan.**  
 Deficiency findings due to a non-physician employee's non-compliance of more than six (6) points during an audit period shall be reported to the Department and may result in corrective action under the University's progressive discipline process (which should focus on education/training) for continued findings of non-compliance in the same category.

**Policies and Procedures - School of Medicine**

<b>SECTION:</b> <b>COMPLIANCE</b>	<b>Approved:</b> 1/13/99	<b>Effective Date:</b> 01/01/2001	<b>Revised:</b> 04/12/2001
<b>SUBJECT:</b> <b>CORRECTIVE ACTION PLAN</b>	Revises Policy Revised: 4/22/99		
<b>POLICY:</b> <b>Billing Documentation &amp; Coding Deficiencies</b>	Page 7 OF 7		

**E. Fraudulent Behavior.** Fraudulent behavior or willful misconduct (e.g., falsifying documentation for billing purposes, etc. ) will not be tolerated. Any employee (including faculty) engaging in such non-compliant behavior will be directed to the Compliance Committee and/or Dean for further disciplinary action, including, but not limited to, termination of faculty contract or employment, as may be applicable.

**V. ADMINISTRATION AND INTERPRETATIONS**

Questions regarding this policy may be addressed to the Compliance Officer, Associate General Counsel, Compliance Regulatory Support, the President of Creighton Medical Associates, or the Associate Dean, Administration and Finance for the School of Medicine.

**VI. AMENDMENTS OR TERMINATION OF THIS POLICY**

This policy may be amended or terminated at any time.

**ATTACHMENT "A"**

**CHART**

<b>Audit Findings</b>	<b>Category of Non-Compliance</b>	<b>Points</b>	<b>Responsible Party*</b>
A-2	Wrong CPT/HCPCS code, excluding E/M (Upcoded)	2	P; C
A-3	Modifier error, resulting in higher reimbursement	2	P; C
A-4	Service performed, but not billable	3	P; C
A-6	Billing for service(s) not provided	6	P; C; OS
B-1	Insufficient documentation of teaching physician's participation in service (i.e. no documentation, countersignature, etc.)	6	P; HO
B-2	E/M service upcoded by one level (insuff. document)	2	P; C
B-3	E/M service upcoded by two or more levels	4	P; C
B-4	No documentation by provider for service coded or billed	6	P
B-5	Documentation does not support the code (other than E/M; example: anesthesia medical direction)	2	P
C-4	No medical necessity exists	6	P; HO
D-1	Wrong date of service (DOS)	1	P; C; OS
D-3	Lack of provider signature on entry	1	P
D-4	Wrong place of service (POS)	1	P; C; OS
D-6	No advance beneficiary notice (ABN) obtained	3	P; OS

**\*Responsible Party:** Provider, including Physicians (including Teaching Physicians), Physician Assistants, Advanced Registered Nurse Practitioner, Nurse (P); Resident (HO); Coder/Biller (C); Other Staff as identified (OS).