

CREIGHTON UNIVERSITY

Department of Pediatrics Compliance Plan April 1, 2001 - Approved June 18, 2001

I. INTRODUCTION

A. Department Structure

- 1) The Department of Pediatrics at Creighton University is comprised of 9 subspecialty divisions and a Division of General Pediatrics.
- 2) The subspecialty divisions include Allergy, Cardiology, Developmental, Endocrinology, Gastroenterology, Infectious Disease, Newborn Medicine, Pulmonology and Rheumatology.

B. Services Provided by Department

- 1) Each subspecialty division and the Division of General Pediatrics provide inpatient and outpatient medical care.
- 2) Outpatient services are provided at a number of sites including those of the Creighton-Childrens Network, Childrens Ambulatory Care Center and St. Joseph Hospital. (Specialty clinics are also held at various out of state regional clinics in Nebraska, South Dakota, and Iowa).
- 3) Inpatient services are provided predominantly at Childrens Hospital, St. Joseph Hospital and University Hospital. The combined Neonatology Division has regular consultations at Immanuel Medical Center and Bergan Mercy Hospital
- 4) Occasionally patients are seen at Methodist Hospital, Bergan Mercy Medical Center and Immanuel Medical Center.

C. Uniqueness of Department of Pediatrics

- 1) The Department of Pediatrics is closely affiliated with the Department of Pediatrics at the University of Nebraska Medical Center.
- 2) A number of subspecialty divisions (Cardiology, Allergy, Gastroenterology, Infectious Disease and Newborn Medicine) are joint divisions with faculty members from both universities. The Pediatric Residency Program is a joint program with UNMC.
- 3) The faculty members of the General Ambulatory section of the Department of Pediatrics are leased to Children's Physicians. The Children's Physicians is an entity owned jointly by Children's Hospital and Creighton University. The pediatricians in the group are either employed by Children's Hospital or Creighton University and consist of approximately 27 general pediatricians at 10 locations.

D. Faculty

- 1) A complete list of the faculty in the Department of Pediatrics who provide patient care is attached as Appendix A.

- E. Residents
 - 1) The Creighton-Nebraska Universities Health Foundation Joint Pediatric Residency Program has an average of 36 pediatric house officers.
 - 2) The Departments of Pediatrics and Internal Medicine at Creighton University co-sponsor a Med-Peds residency which has an average of 16 house officers.
 - 3) There is one Pediatric Chief Resident.
 - 4) The Department has a fellowship program in Infectious Disease with 1 fellow.

II. COMPLIANCE OVERSIGHT AND INVOLVEMENT

- A. Appointment and Removal of Compliance Liaison Physician (CPL)
 - 1) The CPL will be appointed by the Chairman of the Department of Pediatrics.
 - 2) The CPL performance will be evaluated on an annual basis with that faculty member's FPC (faculty production compensation) evaluation.
 - 3) If services provided by the CPL are insufficient, the Chair reserves the right to remove him/her from the position and appoint a new CPL.
- B. Compliance Oversight of the Compliance Liaison Physician
 - 1) The CPL will serve as the liaison between the Department of Pediatrics and the Compliance Officer of Creighton University and will chair a departmental sub-committee which assists in overseeing compliance and reviewing appropriate documentation and coding of clinical services.
 - 2) This committee will meet at least quarterly and as frequently as needed.
 - 3) Chart reviews and audits will be conducted regularly.
- C. Responsibilities of Department Physicians and Staff
 - 1) It is the responsibilities of both physicians and staff to be current on their knowledge of proper coding, chart documentation and training.
- D. Reporting Structures for Compliance Issues
 - 1) Compliance issues will be reported to the Division Chiefs, and the CPL and will be forwarded to the Departmental Compliance Committee and the Department Chair.
- E. Quarterly Written Status Reports
 - 1) In regard to Section V of Creighton University's Corporate Compliance Plan, the CPL has the responsibility of turning in a quarterly written report the results of the quarterly auditing activity, showing the areas of compliance concern and how they are being addressed.
 - 2) Incidents of intentional or accidental documentation improprieties within the department will be addressed in this report.
 - 3) Training of Creighton University employees within the department will be documented and any disciplinary action taken against Creighton University employees within the department will also be documented in this report.

III. POLICY GUIDELINES

- A. Written Policies for Documentation, Incorporating the Most Current HCFA Guidelines
 - 1) General Documentation
 - a. Use of transcription, hand written notes or computer generated notes will be allowed.
 - b. If hand written notes are used in documentation in the chart, they should be legible.
 - 2) Who Can Document
 - a. vital signs, laboratory values, growth parameters, visual acuity testing and immunization records may be documented in the chart by medical assistants or nurses.
 - b. review of systems and past medical, family and social histories may be documented by the medical students if noted to have been reviewed by the attending physician.
 - 3) Changes/revisions to Medical Record
 - a. all physicians, residents and staff who have contact with the medical record must know the policy on changing a medical record, that is a single line drawn through the incorrect information with the persons initials changing the record, and subsequent correct information filled into the chart.
 - 4) Chart Organization
 - a. charts will have basic, standard organization, including demographic information, chief complaint, relevant history, allergies, PMH, past and present medical diagnoses (problem list), physical examination, previous diagnostic tests, assessment and plan for care.
 - 5) Medical Necessity
 - a. it should be understood with the compliance standards training of all residents and physicians that the rationale for ordering diagnostic or ancillary services should be adequately documented or easily inferred from the medical record.
- B. Teaching Physician Presence and Documentation Rules
 - 1) Documentation Standards
 - a. all faculty and residents will be trained in the requirements for physical presence of teaching physicians.
 - b. this training will be based on the Teaching Physicians Rules (42 CFR 415.150-415.184)
 - 2) Who Must Document the Presence
 - a. a combination of resident and physician attending notes must be written, and the teacher physician must provide summary comments to confirm the resident's findings and plan of care.
- C. Written List of Commonly Used Abbreviations
 - 1) Standard medical abbreviations will be allowed (see appendix B)
- D. Written Policy and Procedures for Coding

- 1) Coding must follow AMA Physicians current procedural terminology (CPT) and International Classification of Disease (ICD9), with documentation support in the medical record.
 - 2) Handling of Coding Questions and Use of CU Help Line
 - a. coding questions will be directed to Departmental Administrator and/or the CPL.
 - b. the Creighton University help line (402-280-5846) will be available to answer questions regarding billing and compliance issues.
 - c. the CU hot line (402-280-2107) will also serve as a reporting option for suspected misconduct.
 - d. The ultimate authority in coding is the responsibility of the individual faculty member and is reviewed by the Pediatric Compliance Audit Committee
 - 4) Timely Submission of Claims
 - a. claims must be submitted to the billing office in a timely manner.
- E. Procedure for Review, Revision and Updating of Policies with Final Approval of Compliance Officer
- 1) The policies developed by the department will be reviewed by the Department Compliance Committee on an annual basis, including reviewing the compliance issues and training needs within the department, and will be addressed in the appropriate quarterly report.
 - 2) If there are issues supporting a need for substantive change in any of the written policies, that information will be forwarded to the Creighton University Compliance Officer for final approval.

IV. DEPARTMENT EDUCATION AND TRAINING

- A. Mandatory Training of New Providers, Residents and Staff
- 1) New providers will be provided with the most recent compliance plan. Documentation guidelines for the evaluation and management services, and the *Teaching Physician rules for Medicare Approved Primary Care Exception Clinics* are reviewed with the Compliance Officer of Creighton University. They will be given an opportunity to read and ask questions on such procedures and policies in the department and participate in the subsequent on-going training of physicians, residents and staff.
 - 2) New residents to the department will receive in the departmental orientation, the specific instructions from the Compliance Officer of Creighton University regarding the most recent documentation guidelines.
 - 3) New support staff members will be required to attend the University sponsored compliance training.
- B. Mandatory On-going Training, Scheduling and Documentation
- 1) On-going training of faculty and residents will be conducted at faculty meetings and resident meetings, or at such other times as directed by the Compliance Officer or CPL.
- C. Responsibility for Scheduling and Providing Training
- 1) The materials used in the training of residents and staff are the most current resources

available provided by the Compliance Officer.

- D. Documentation of Mandatory Attendance
 - 1) Mandatory attendance will be monitored by a sign in sheet and will be reported to both the CPL and the Department Chair.
 - 2) Faculty and residents are required to attend makeup sessions or view videotapes to maintain their current training status.
- E. Training Materials
 - 1) It is recognized that all training materials used in the above process must be approved by the Compliance Officer at Creighton University.
 - 2) Training materials may include materials provided by the Creighton University Compliance Officer, the Association of America Medical Colleges and materials developed internally within the Department to address specific compliance issues.
- F. Maintenance of Training Records
 - 1) All training materials and attendance sheets shall be maintained for at least 6 years, and shall be available for review by the Creighton University Compliance Officer or Internal Audit Department
 - 2) All audit materials shall be maintained for one year.

V. DEPARTMENT MONITORING

- A. Structure of Frequency of Routine Random Chart Reviews
 - 1) Quarterly chart reviews will be conducted for each physician who bills through CMAPS, or whose service moneys are posted under Creighton's tax ID number and are not otherwise audited.
 - 2) If areas of concern are identified, more frequent reviews will be conducted.
- B. Communication of Results to Physician and Staff Involved
 - 1) Physicians and staff will receive feedback regarding chart reviews.
 - 2) The CPL will directly communicate results of spot checks with faculty members, and will report on general issues through faculty meetings.
- C. Follow-up Process
 - 1) If problem areas are discovered, monthly monitoring via chart reviews will occur.
 - 2) If monthly monitoring is not effective, more intensive prospective auditing will occur until problem areas are in compliance.
- D. Incorporation of Findings into Training and Improvement
 - 1) Training will be geared toward problem areas in addition to regular updates.
 - 2) Persistent problem areas may also require more frequent retraining on an individual or Division basis.

VI. REPORTING AND INVESTIGATION OF NON-COMPLIANT CONDUCT

A. Reporting Structure within the Department

- 1) Any employee who has concerns of non-compliance conduct by a member of the Department, may report the individual to the Compliance Liaison or any member of the Departmental Compliance Committee.
- 2) If the employee is uncomfortable with this line of communication, the suspected non-compliant conduct may be reported through the Creighton Hot line (402-280-2107).
- 3) The CPL will report all non-compliant conduct to the Department Chair and to the Creighton Compliance Officer.

Date updated: April 1, 2001
Department of Pediatrics