

COMPLIANCE PLAN

Department of Psychiatry Creighton University Medical Center

February 2002

INTRODUCTION

A. DEPARTMENT SERVICES

1. The Department of Psychiatry consists of physicians and staff who provide both inpatient and outpatient medical care for patients requiring psychiatric evaluation, management, and treatment. The faculty also provides consultative services to behavioral health outpatient, residential and inpatient facilities.
 - a. Outpatient services are provided at 3528 Dodge Street, 6901 North 72nd street (Alegent Immanuel Medical Center), and the Veterans Affairs Medical Center, all located in Omaha, NE.
 - b. Inpatient services are provided at the Alegent Immanuel Medical Center and the Veterans Affairs Medical Center.
 - c. Residential services are provided for patients within the Residential Treatment Center, located at the Alegent Midlands Community Hospital in Papillion, NE.
 - d. Consultative services are provided at St. Josephs Hospital, 601 North 30th street in Omaha, NE, Children's Hospital in Omaha, and with other contracted organizations.
2. The Department physicians provide teaching for an average of 26 General residents and Child & Adolescent fellows per year and approximately 110 medical students per year. Psychiatry and Family Practice residents rotate through the Department. The faculty participates to various degrees in the education of freshman through senior medical students.
3. The faculty in the Department of Psychiatry is encouraged to participate in research protocols, including clinical research trials and investigations designed to improve clinical outcomes or advance the knowledge in specific medical or scientific areas.

B. DEPARTMENT STRUCTURE

1. A complete list of faculty providing teaching, clinical care and research for the Department of Psychiatry is attached in Appendix A. In addition, psychiatrists employed by Alegent Immanuel Medical Center provide teaching to students and residents via their role as adjunct instructors. While there are several psychiatrists who participate as adjunct instructors, the actual amount budgeted for this is approximately 2.0 FTEs.
2. The Chairman of the Department oversees administrative, teaching, and clinical activities of all faculty and staff.
3. The Department Administrator provides management and oversight for the daily functions of the department. These include developing and employing the department budget, hiring and training staff, and developing/revising the departmental policies and procedures.
4. All faculty members are involved in resident and/or student teaching. Under most circumstances full time faculty take part in both inpatient and outpatient care. The exception would be for a full time faculty member to provide care in a residential treatment center, rather than an inpatient facility.

C. RESIDENCY PROGRAM

1. The Department of Psychiatry participates jointly with the University of Nebraska Medical Center in an accredited psychiatry residency program. There are on average a total of 26 psychiatry general residents and child & adolescent fellows during a given year, (5.5 residents per year for 4 years and 2 fellows per year for 2 years). The psychiatry residency program is administrated jointly, with the Residency Director currently being employed and housed at the UNMC campus.

COMPLIANCE OVERSIGHT AND INVOLVEMENT

A. COMPLIANCE LIAISON

1. The Department Chair appoints a full-time faculty physician to serve as Compliance Liaison physician. The Compliance Liaison physician reports directly to the Creighton Compliance Officer and Liaison Committee. The Department Administrator assists the Compliance Liaison Physician with organizational and administrative duties.
2. The Department Chair reserves the right to remove the Compliance Liaison Physician and appoint a new Liaison Physician if there is sufficient evidence or documentation that the Physician is not providing services commensurate with the expectations of the appointment.

3. The Creighton Compliance Officer and Department Chair oversee the actions of the Compliance Liaison Physician.
4. The Compliance Liaison Physician for the Department of Psychiatry is Shashi Bhatia, M.D.

B. RESPONSIBILITIES OF PHYSICIANS AND STAFF

1. Both physicians and staff need to be aware of current compliance issues and ramifications of noncompliant behavior or acts. Numerous federal and state laws and regulations define and establish obligations for the health care industry with which Creighton University employees and agents must comply. Any employee and/or agent who violate these laws or regulations not only risk individual indictment, criminal prosecution and penalties, but also subjects Creighton to the same risks and penalties. The Creighton Compliance Officer assists the Compliance Liaison Physician in providing timely updates and training to physicians and staff about compliance related issues.

C. REPORTING STRUCTURE AND QUARTERLY REPORTS

1. The Compliance Liaison Physician chairs a Department of Psychiatry Compliance Oversight Committee that includes, at a minimum the Compliance Liaison Physician, Department Administrator and Billing Manager. In addition, the Liaison Physician may appoint a representative from the general residency and child-adolescent fellowship programs. The committee meets quarterly to review data collected from the monthly internal chart audits.
 - a. The Administrator reports the findings of the monthly audits to the department faculty and maintains the audit records.
2. The Department Administrator, Billing Manager and Compliance Liaison Physician prepare a quarterly report for the Creighton Compliance Committee as required in the Creighton University Compliance Plan. This report addresses findings of monthly chart audits; intentional or accidental misconduct within the department; training of Department faculty, residents, and staff; and disciplinary actions taken.
 - a. The quarterly reports are prepared and submitted to the University Compliance Officer by the 1st of November, February, May, and August for the preceding 3 months.

POLICY GUIDELINES

A. DOCUMENTATION

1. In most cases, documentation for evaluation and management (E&M) and psychiatric diagnostic interview examination services and procedures is typewritten after transcription from dictated reports.
2. After the initial assessment, follow-up treatment progress notes are usually handwritten. When handwritten notes are used for documentation, handwriting must be legible in order to document a compliance standard.
3. Physicians, residents and mental health practitioners provide documentation of most medical services. The nurse may provide documentation for vitals, laboratory, injections, referrals, and discussions.
4. The physician member of the faculty overseeing resident performance reads all resident notes, and an accompanying faculty note is present in the record to document level of service, with the faculty signature on the note indicating approval of the note.

B. REVISIONS TO THE MEDICAL RECORD

1. Physicians, residents, or mental health practitioners using standard practices for documentation of revisions may make changes to the medical record. These practices include:
 - a. No information can be removed from the medical record.
 - b. Corrections are in the form of a single line drawn through the incorrect information, followed by the initials of the person making the correction, followed by an explanation or the correct information.

C. CHART ORGANIZATION

1. Chart organization is uniform at all locations; however, there are variations from clinic to clinic or inpatient versus outpatient. At a minimum, charts have two sections:
 - a. On the left side of the chart: Billing/demographics, consent to treat, consent to release information, insurance carrier authorization

- b. On the right side of the chart there will be four divided sections: 1) Progress notes 2) Medications 3) Lab/Tests 4) Correspondence

D. DOCUMENTATION OF MEDICAL NECESSITY

1. Medical necessity for E&M and psychiatric diagnostic interview examination services, in addition to ongoing treatment, shall be accurate, complete and detailed to the extent required by law and professional standards including, but not limited, to HCFA and AMA requirements and guidelines.
2. Procedure codes must be supported by adequate documentation in the patient's medical record.

E. TEACHING PHYSICIAN PRESENCE AND DOCUMENTATION RULES

1. The teaching physician must be present during key portions of E&M procedures to bill for services and must follow the E & M Medicare guidelines. E & M procedures would most likely be used in response to a request for a psychiatric consult from the physician with a hospitalized patient.
2. When the primary procedural codes are from the Psychiatry section of the CPT manual (90801 to 90899 codes), and the resident is providing treatment the following must have occurred and been documented.
 - A. The teaching physician has evaluated the patient within four weeks of the resident's initial session, and that the evaluation included at a minimum a mental status exam and diagnosis confirmation.
 - B. Evidence that the treatment plan and progress notes are reviewed at regular intervals of not less than every 90 days.
 - C. Documentation of client specific case discussion and supervision.
 - D. Face to face assessment of the patient on a yearly basis.
 - E. The teaching physician must be available when the resident is providing services.
3. The licensed mental health practitioner, while practicing within their licensing guidelines, does not require supervision from a teaching physician, except under NE Medicaid. When providing treatment to NE Medicaid patients the LMHP will follow guidelines identified above (E.2.)
4. In addition to the guidelines identified in E.2. above, teaching physicians must accompany and document their presence for the entire psychiatric therapeutic procedure if a resident is providing treatment to a patient who has Medicare, Champus, and other third-party payers who require personal supervision (i.e. physical presence during the session) of the resident by the teaching physician. In most instances a resident will not be scheduled with Medicare or Champus

patients. If they are, the teaching physician will be present or the claim will not be submitted.

F. RECOGNIZED ABBREVIATIONS AND ANACHRONYMS

1. The Department recognizes and uses the standard abbreviation list used by Saint Joseph Hospital found in Appendix C.

G. CODING AND BILLING RESPONSIBILITIES

1. Questions on coding should initially be directed to the coding specialist within the Department of Psychiatry. If this individual is unable to answer coding questions, the questions will be directed to designated representatives of the Creighton Medical Associates (CMA) billing service (CMAPS). The Creighton University Helpline (280-5846) is also available for assistance in this area.
2. The physicians have the ultimate coding authority and are responsible for selecting an appropriate code to match the level of service and for required documentation to support the selected level of service. Additionally, the coder has a responsibility to ensure that the physician's documentation is sufficient for the procedure code.
3. When indicated, the Department Compliance Oversight Committee reviews and audits a random sample of patient charts to ascertain physician compliance with required documentation for specific level of service.
4. Data entry for claims occurs within 3 to 5 working days of date of service. Physicians are responsible for supplying the Department Coder with appropriate patient charges preferably on a daily basis.

H. COINSURANCE AND DEDUCTIBLES

1. Faculty, residents, and staff are prohibited from the routine waiver of coinsurance and deductible amounts from or on behalf of Medicare/Medicaid beneficiaries and shall comply with CMAPS policy for waiver of coinsurance and deductibles.

I. DEPARTMENT COMPLIANCE POLICY REVIEW

1. The Department of Psychiatry Compliance Plan is reviewed and updated by the Compliance Liaison Physician and Department Administrator every two years, or more often as required due to changes in law. The compliance plan is submitted to the Department Chair for review and approval.

2. After Department review and approval, the Creighton Compliance Committee submits the plan to the Creighton University Compliance Officer for review, comments, and approval.

DEPARTMENT EDUCATION AND TRAINING

A. MANDATORY

1. The Creighton University Compliance Office and Department of Psychiatry work collaboratively to ensure that faculty, residents, and staff receive the appropriate training regarding compliance issues.
 - a. The Creighton Compliance Officer provides new faculty and staff an overview of the Creighton University Compliance Plan during orientation. The Department Administrator, Billing Manager and the Compliance Liaison Physician provide new faculty and staff orientation to the Department of Psychiatry Compliance Plan and guidelines for documenting procedural codes. New employees are required to sign a compliance acknowledgement form.
 - b. Residents receive orientation to the Creighton Compliance Plan as part of their initial employment orientation. In addition, they will receive orientation to the Department of Psychiatry's Compliance Plan.
 - c. The Compliance Liaison Physician schedules at least one mandatory compliance inservice per year for faculty, residents, and selected staff. Attendance is documented and sent to the Creighton Compliance Officer.
 - d. The Compliance Liaison Physician, Billing Manager and Department Administrator make sure faculty, residents, and staff receive updated information regarding compliance issues in a timely manner.
 - e. Materials prepared or obtained outside of the Creighton Compliance Office are submitted to the Creighton Compliance Officer for review and approval prior to use.
 - f. Faculty, residents, and staff shall attend other mandatory training as designated by the compliance committee.
 - g. Faculty, residents and staff who fail to attend mandatory compliance training will result in sanctions as described in the Corrective Action Plan - Mandatory Training Policy of the School of Medicine Policies and Procedures.

B. DEPARTMENT MONITORING

1. The Compliance Oversight Committee, chaired by the Compliance Liaison Physician, will develop, revise and employ the auditing and reporting systems that are congruent with the University Compliance Plan. The audit procedures will be designed to ascertain accuracy and validity of the procedural codes, detect deficiencies or noncompliance, and recommend action to reduce problems that may be discovered. The auditing and follow-up process will be implemented as follows:
 - a. The Department Administrator selects one week each quarter to conduct an audit of patient records, and advises the Billing Manager and Coder of the week.
 - b. Prior to entering charges, the coder/billing manager selects approximately 25% of the providers of the department for each quarterly audit. From this sample, 10 encounters are audited per the School of Medicine Department Audit Guidelines. Should a physician be providing inpatient and outpatient treatment, charts from each setting will be audited.
 - c. The coder then uses the “Audit Worksheet” Attachment “G” to audit the chart and document the findings, with codes in the 90801 to 90899 range. The E/M Worksheet, Attachment “C” should be used for auditing patient visits in the 99201-99499 code ranges.
 - e. Any errors or deficiencies will be immediately forwarded to the provider, Billing Manager, Department Administrator and Compliance Liaison Physician.
 - f. Issues of significant concern or identified billing errors are reported to the Creighton Compliance Office immediately. The Compliance Officer assists in the decision of what actions should be taken by the Department.
 - g. All audit worksheets and the Audit Findings Spreadsheet will be forwarded to the Department Administrator, who will compile the data for presentation at Compliance Oversight Committee meetings and for submittal to the University Compliance Office.
 - h. When problems with compliance have been identified, the provider will review the problems with the Compliance Liaison Physician and/or Department Chair. The deficiencies will be tracked via ongoing auditing to ensure that corrections are being maintained.

- i. The Department of Psychiatry will follow the Corrective Action Plan policy for Billing Documentation and Coding Deficiencies from the School of Medicine Policies and Procedures to address physicians who fail to perform within 100% of the compliance objective during an audit.
 - j. Should it be determined that coding errors or deficiencies are the result of coder noncompliance, a corrective action plan will be developed by the Department Administrator. In addition, this information will be included on the employee's yearly evaluation.
2. The Compliance Oversight Committee will have regularly scheduled meeting at least one time per quarter. The committee members will decide the time and place. The committee will review the results of the audits during these meetings to ascertain trends or global issues of noncompliance.
 3. The Compliance Liaison Physician and Administrator discuss the results of the chart audits with faculty on a quarterly basis at a Department faculty meeting. The results are incorporated into a quarterly report provided to the Creighton Compliance Office.
 4. The Department Administrator/Billing Manager provides physicians with quarterly profiles on level of charges within the Department and comparisons to national averages or trends whenever possible.
 5. The Compliance Liaison Physician and Department Administrator keep track of issues that are noted during chart audits, and use this information to schedule and prepare Department compliance inservices.

NON-COMPLIANT CONDUCT

1. Physicians, residents, and staff report suspected non-compliant conduct to the Compliance Liaison Physician, any member of the Compliance Oversight Committee, or individuals identified in the Creighton Health Sciences Compliance plan.
3. The Compliance Liaison physician, administrator, faculty, and staff willingly assist the Creighton Compliance Officer in the investigation of suspected non-compliant conduct. The Compliance Liaison Physician must notify the Chair of potential or pending investigations and provide updates as they occur.

Reviewed and approved: _____ Date: _____
 Daniel R. Wilson, MD, Professor and Chairman

_____ Date: _____
 Shashi Bhatia, MD, Compliance Liaison Physician

Providers with the Department of Psychiatry

Bhatia, Shashi	M.D.
Bhatia, Subhash	M.D.
Bruett, Todd	M.S.
Chu, Chung-Chou	M.D.
Coleman, Robert	Ph.D.
Dickerson, Davin	R.N.
Fernandes, Praveen	M.D.
Happe, Keven	Ph.D.
Hendrickson, Todd	M.D.
Kenney, Maggie	M.S.W.
Madison, James	Ph.D.
Marcil, William	M.D.
Mark Kremen	M.D.
Marsh, Michele	M.D.
Petty, Frederick	M.D.
Rodenbiker, James	M.S.W.
Sattar, Syed	M.D.
Sokol, Mae	M.D.
Starks, Hugh	M.D.
Wilson, Dan	M.D.