

Compliance Plan for Creighton Department of Surgery

I. Introduction

1. The Department of Surgery

The Department of Surgery at Creighton University is comprised of ten (10) divisions, which include Plastics, Orthopaedic, Neurosurgery, General Surgery, Urology, Cardio/Thoracic, Colorectal, Ophthalmology, Vascular and Pediatrics. An organizational chart of the Department of Surgery is attached as Appendix “A”. Except as otherwise stated, all medical services provided by physicians in the Creighton Department of Surgery are billed through Creighton Medical Associates – Patient Services (CMAPS). Medical services provided by physicians in the Pediatric Division at St. Joseph Hospital are billed through CMAPS. Medical services provided by the Colorectal Division are provided by a group of physicians who bill for their own services.

Each division provides inpatient and outpatient medical care for Medicare and Medicaid recipients, as well as other public and private payors. Services are provided primarily at St. Joseph Hospital and various off-site locations and outreach clinics, although surgical services are provided at any facility at which a faculty member has staff privileges.

2. Faculty and Residents

A complete list of the faculty in the Department of Surgery who provide patient care is attached as Appendix A. The department has a six-year, fully-approved general surgical residency program. There are ten (10) first-year residents, seven (7) of which are preliminary positions. There are three (3) residents in each of the last 5 years of the program, that is, years two (2) through (6). The third year is spent conducting research and supporting the department when on-call or other clinical duties are needed. Four (4) orthopaedic residents rotate on the department's surgical services each year. There is also an accredited two (2) year fellowship program in the Colorectal Surgery, with one fellow per year. The number of research fellows employed by the Department of Surgery varies from year to year, depending upon departmental needs and funding considerations. Responsibilities are exclusively research based with no clinical component.

II. COMPLIANCE OVERSIGHT AND INVOLVEMENT

1. Compliance Liaison Physician

The Chair of the Department of Surgery annually appoints the Compliance Liaison Physician for the Department of Surgery. The Compliance Liaison Physician is responsible for compliance oversight for the Department of Surgery and reports to the Compliance Liaison Committee and Compliance Officer.

The Department Administrator and/or the Billing Supervisor for the Department of Surgery shall be responsible for distributing appropriate compliance related materials received from the Compliance Officer or other sources. Department physicians and support staff are expected to follow compliance directives received from the Compliance Officer, Department Administrator, Billing Supervisor, and/or Compliance Liaison Physician. Any questions regarding compliance directives shall first be directed to the

individual issuing the directive and to the Compliance Officer if the issue can not be addressed at the Department level.

2. Reporting Structure for Compliance Issues.

It is anticipated that most compliance related issues could be resolved at the immediate supervisor/administrator level. However, if the immediate supervisor/administrator is unable to resolve the issue or the individual does not feel comfortable reporting to his/her immediate supervisor/administrator, then the issue should be directed to the Department Administrator for resolution. If the Department Administrator is unable to resolve the issue, then the issue will be forwarded to the Compliance Liaison Physician for review and disposition. The Compliance Liaison Physician or individual reporting the compliance concern can always bring the compliance concern to the University Compliance Officer (280-1755) for resolution. As an alternative, any compliance concerns can be reported through the University's anonymous Compliance Hotline (402) 280-2107 at any time.

3. Department Quarterly Report

The Compliance Liaison Physician shall be responsible for submission of a quarterly report to the Compliance Officer as determined by the Compliance Committee. The quarterly report shall include a status report on department monitoring activities, compliance issues/resolutions, department specific compliance policies/procedures adopted during the quarter and any corrective action taken related to compliance. The quarterly report shall contain any additional information as required by the Compliance Officer/Committee.

III. POLICY GUIDELINES

All Department faculty, employees and agents shall comply with specific billing policies and guidelines of the patient's insurer (payor). In most cases, the Department will apply the Medicare billing standards for presence and documentation to all payors, unless a specific written waiver is obtained from the University's Compliance Officer. A request for written waiver from the Compliance Officer must include written documentation from the specific payor supporting a standard that is different from Medicare.

1. Documentation Guidelines and Standards

Documentation of medical services shall comply, at a minimum, with the most currently implemented HCFA documentation guidelines. The 1995 and 1997 E & M Documentation Guidelines are attached as Appendix "C" and "D".

- a. Documentation of E & M services may be handwritten, transcribed, or typed into a computer. All entries into the medical record shall be signed in such a manner as to distinguish each author to the medical record. The author of information typed into a computer shall type his/her name directly next to his/her typed entry so as to distinguish each author's notes contained in the computer generated medical record.
- b. For E & M services, the History of Present Illness (HPI), Examination and Medical Decision-making must be documented by the resident (if applicable) and the teaching physician. The Teaching Physician may tie into the resident's documentation of HPI, Examination and Medical Decision Making but in doing so, must document an element of each key component. Use of the documentation stamp for this purpose is encouraged. Ancillary staff (i.e., nurses, medical assistants and medical students) may document the Review of

Systems (ROS) and Past Medical, Family and Social History (PFSH). The teaching physicians shall read and initial all resident and ancillary staff notes.

- c. Any changes or revisions to the medical record may be made by teaching physician or resident using standard practice for documentation of revisions with no removal of information from the record. All entries shall be dated as of the date of entry.
- d. The chart organization is uniform within the Department of Surgery; however, there may be some variances between each Division. All entries to the chart shall be adequately secured.
- e. Medical necessity for E & M services shall be documented in the history and physical examination or the progress notes and documentation of medical necessity for procedures is a standard part of the procedure note, whether it be written or dictated.
- f. Documentation templates shall be approved by the Compliance Officer.

2. Teaching Physician Rules

In compliance with Medicare guidelines (42 CFR 415.170 et.seq. and Medicare Carrier's Manual § 15016 – see Appendix "E"), the teaching physician must be present during the key components of any procedure and during the entire viewing for any endoscopic procedure in order to bill for the procedure. In order to bill for E & M services, the teaching physician must be present during the appropriate number of key components (History and/or Examination and/or Medical Decision-Making) for any Evaluation and Management (E & M) services. The number of key portions is determined by the patient's status (i.e., new patient, initial hospital visit, initial consult (3 key components); established patient, subsequent hospital visit, subsequent consult (2 key components)). If an E & M service is performed by a resident without a teaching physician being present

during the key portions, the service will not be billed unless the Teaching Physician re-performs and documents said service. The Department's Documentation Requirements for Teaching Physicians to Bill for Services is attached as Appendix "F" which may be updated from time to time to reflect any changes in Medicare or Carrier requirements. Charts shall be monitored for appropriate documentation by the teaching physician to verify presence and for documentation by ancillary staff (ROS and PFSH only), residents and teaching physicians.

For E & M services, documentation of presence and level of service is the responsibility of the teaching physician. For all other procedures, documentation of teaching physician presence may be provided by the teaching physician, the nurse, or the resident, and must be reviewed and signed by the teaching physician. These guidelines apply to services and procedures provided in the Emergency Department and on nights, weekends and holidays.

3. The Department of Surgery utilizes the abbreviations and acronyms approved by St. Joseph Hospital.

4. Other Policies and Procedures for Coding and Billing

- a. The Department will comply with all billing policies/procedures adopted by the School of Medicine.
- b. All coding questions are handled by the division or department Billing Supervisor and representatives of the CMA Patient Services (CMAPS). The Creighton University Helpline (402) 280-5846 is also available for addressing coding/billing questions.
- c. Ultimate coding authority is the responsibility of the faculty physician with review and audit of each physician's activities attained through the department monitoring process. If the physician and coder are unable to agree on how a service should be coded, the issue should be brought to the Department

Billing Supervisor. If the physician or coder is not satisfied with the Billing Supervisor's decision, then the issue should be forwarded to the Department Administrator. If the Department Administrator cannot resolve the issue, then it should be forwarded to the Compliance Liaison Physician who may refer the matter to the Compliance Officer for final resolution.

5. These policies shall be reviewed annually by the Billing Supervisor and revised accordingly. Any revisions shall be approved by the Compliance Liaison Physician and the Department of Surgery with final approval by the Compliance Officer.

IV. DEPARTMENT EDUCATION AND TRAINING

Faculty, residents and staff shall be subject to mandatory compliance training throughout their affiliation with the Department of Surgery.

1. FACULTY – All new faculty shall receive a packet of information that has been prepared for academic physicians. New faculty shall schedule and obtain mandatory compliance training from the Compliance Officer and shall sign the Acknowledgment Form of the Compliance Plan before seeing patients and billing for services. At a minimum, mandatory compliance training will include orientation to the Compliance Plan, Teaching Physician Rules and E & M Documentation Requirements. Faculty shall participate in mandatory Department or University training as scheduled throughout the year.

2. RESIDENTS – Residents receive training as part of their initial orientation and shall participate in mandatory Department or University training as scheduled throughout the year covering the resident's role in documentation of services.

3. STAFF – All staff receive compliance training by the Compliance Officer as part of their initial orientation at Creighton University. Billing staff shall meet their American

Academy of Procedural Coders certification requirements for continuing education. Non-certified billing staff have the opportunity to participate in University training to take the certification examination. Billing staff shall participate in Department level training as scheduled throughout the year and in Mandatory University compliance training as directed by the Compliance Committee. Billing staff shall have access to appropriate billing information i.e., CPT Coding Books, ICD- 9 books, Medicare Manual and updates and other third party payor billing information in order to appropriately bill for services provided through the Department.

4. The Department of Surgery shall devote at least one Grand Rounds session during the year to mandatory compliance training for faculty, residents and staff as scheduled by the Compliance Liaison Physician in coordination with the Compliance Officer. Attendance at this session will be verified. Such training shall be video-taped and available to those who are unable to personally attend the session. Those who are unable to attend, must view the video within thirty (30) days of the training date and sign a verification form to be forwarded to the Compliance Officer. Failure to complete the mandatory training will result in disciplinary action as outlined in the School of Medicine policy for mandatory training.

5. Additional mandatory training may be scheduled for one or more individuals where there is a compliance concern identified through department audit or outside audit activity or where there is significant change in the law, which would require additional training.

V. DEPARTMENT MONITORING

The Department shall conduct monthly chart reviews of each faculty physician whose services are billed through Creighton Medical Associates Patient Services or whose

services result in revenue being generated to the Department either directly or indirectly.

Each faculty physician shall have at least ten (10) charges per year audited by a coder (auditor) who does not code for the monitored physician. The ten charges should be audited and reported within one quarter. Once completed, the physician will not be audited again within the same calendar year except as required by the

Corrective Action Plan. The auditor shall review the charge selected against the medical record and using the audit form (Appendix “H”) verify (record any abnormalities) the following:

- Teaching Physician Documentation
- Documentation of level of service
- Medical Necessity
- Completeness of charges (i.e. have all billable services been charged?)
- Bundling/Unbundling

If the auditor identifies any billing compliance issues, he/she shall present it to the affected physician(s) and his/her coder for resolution. If the auditor, physician and his/her coder are unable to resolve the issue, then the procedures outlined in Section 3 of this plan above shall be followed to resolve the issue.

The results of the chart reviews and audits shall be charted and distributed to each of the physicians on a quarterly basis. Any aberrant billing patterns will be reported immediately to the Billing Supervisor and Compliance Officer for investigation and follow up. Findings of the reviews shall be incorporated into the quarterly Department Compliance report.

Where problems with compliance have been identified, there will be additional education and training supplied to the parties concerned. Any identified compliance issues will result in increased monitoring of the affected physician on those issues until two (2)

consecutive months of billings have occurred without any problems. Monitoring information will be provided to the physician to assure that any problems are corrected and that compliance guidelines are being followed.

VI. REPORTING AND INVESTIGATION OF NON-COMPLIANT CONDUCT

Members of the Department of Surgery are instructed to report any problems or non-compliant conduct to their immediate supervisor, the Department Administrator or Compliance Liaison Physician. The Compliance Liaison Physician will investigate and take appropriate action, with assistance from the Department Administrator and Chairperson to resolve the problem through education, training and refunding of any overpayments received, if any. If these problems are felt to be serious and cannot be resolved at the Department level, they will be reported to the University Compliance Officer. In addition, any member of the Department of Surgery may report suspected non-compliant conduct through the University Hotline (402) 280-2107. No one within the Department of Surgery shall retaliate against anyone reporting any problems or suspected non-compliant conduct. Appropriate disciplinary actions will be taken against individuals engaging in such retaliatory behavior.

The Compliance Liaison Physician and all members of the Department of Surgery shall assist the University's Compliance Officer in any internal investigation of suspected non-compliant conduct.

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