



**UTTyler** HEALTH SCIENCE  
CENTER

## Billing Compliance Plan

September 1, 2023

FY24

DRAFT

Revised: September 2023

Date Approved by UTHSCT Executive Compliance Committee:

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## BILLING COMPLIANCE PLAN

### Approval Signature Page

As the President of UT Tyler Health Science Center, I have reviewed the Billing Compliance Plan and concur with the philosophy, oversight, scope, and general activities outlined in the Plan.

Approved/Disapproved.

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Kirk A. Calhoun, M.D.  
President

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Date

Revised: September 2023

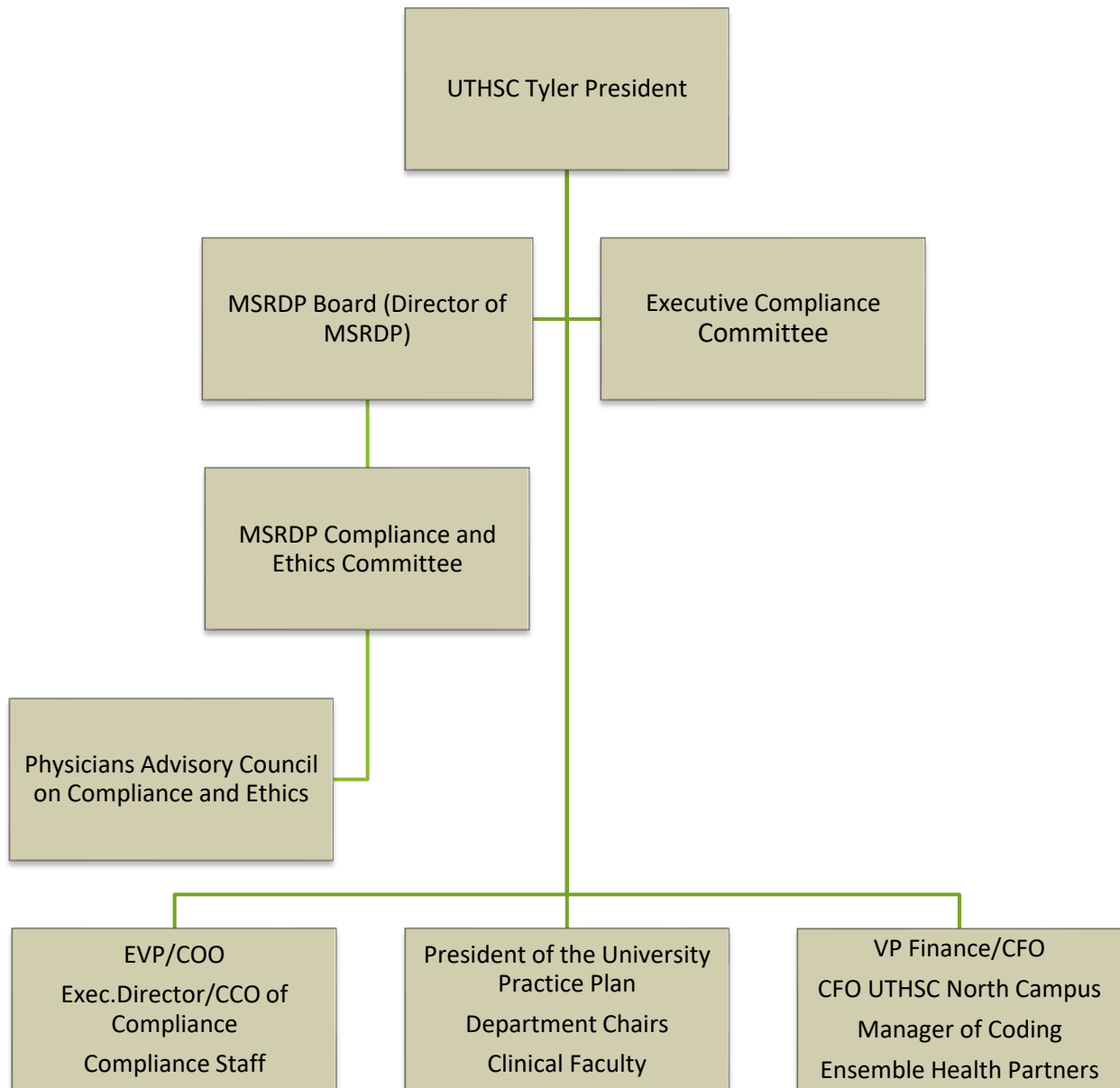
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# Billing Compliance Plan

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### Billing Compliance Reporting Structure



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### **Abbreviations**

These abbreviations are used throughout the Plan.

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# Billing Compliance Plan

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Billing Compliance Plan/Program	PLAN
Executive Compliance Committee	ECC
MSRDP Compliance & Ethics Committee	COMMITTEE
MSRDP Compliance & Ethics Committee Chair	CHAIR
Medical Services Research & Development Plan	MSRDP
Medical Services Research & Development Plan Board	BOARD
Office of Inspector General	OIG
UT Tyler Health Science Center	UTHSCT

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### **Article I      Preamble**

The UT Tyler Health Science Center (UTHSCT) has a strong and abiding commitment to ensuring that its affairs are conducted in accordance with applicable law and regulations. As part of this commitment, UTHSCT has developed a Billing Compliance Plan (Plan). The term “compliance plan” refers to a formal, ongoing program by which an organization seeks to ensure that all appropriate individuals within the organization understand and follow all applicable legal requirements. The critical focus of this billing compliance plan relates to professional and hospital fee reimbursement for healthcare services. Compliance in this area is challenging because the regulatory requirements governing such reimbursements are complex and changing. Clinical faculty and other healthcare providers are the first and most important link in this compliance chain. To underscore and enhance its commitment, and to assist all employees, including faculty physicians, in this area, UTHSCT has implemented this Plan.

### **Article II      Philosophy, Oversight, Scope, and General Activities**

Philosophy and oversight of the Billing Compliance Plan are the responsibility of the Administration of UTHSCT with the advice of the Medical Services Research and Development Plan Board, MSRDP (Board). Direct oversight of the Plan is the responsibility of the MSRDP Compliance and Ethics Committee (Committee). The Committee reports as required to the Board and the Executive Compliance Committee. The President of the University Practice Plan or designee chairs the Committee.

The authority and scope of the Plan extends to all billing by or on behalf of UTHSCT for clinical services performed by physicians and other health professionals employed or contracted with UTHSCT. This Plan is applicable to clinical faculty and all other healthcare providers who are

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involved in the process of billing for professional health care services and/or hospital services provided by or through UTHSCT. Other UTHSCT employees and contracted personnel directly involved with healthcare providers in the billing process are also covered within the authority of this Plan.

With the input of the MSRDP Compliance and Ethics Committee, and, at the direction of the Board and Administration, the following activities are performed:

- Ongoing reviews of new and existing policies and procedures to ensure compliance with all applicable billing requirements;
- Development of compliance initiatives at the clinical department level;
- Coordinated education and training of clinical staff and coding personnel concerning applicable billing compliance requirements and policies;
- Regular review of legislative and regulatory changes affecting billing compliance requirements;
- Regular chart and billing reviews by designated employees and/or contracted personnel to assess compliance and to identify potential issues;
- A uniform mechanism for faculty and employees to make inquiries and receive clarification and appropriate guidance concerning professional fee or hospital billing compliance rules;
- A process for faculty and employees to report instances of possible non-compliance and for such reports to be fully and independently reviewed;
- Formulation of corrective action plans to address any instances of non-compliance with applicable policies or billing compliance requirements;
- Review of the overall compliance effort to ensure that billing compliance practices reflect current requirements, that necessary adjustments are made to improve the program, and that the program complies with the UT System guiding principles for medical billing.

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The billing compliance program described in this document is intended to establish a framework for legal compliance by UTHSCT. It is not intended to set forth all the policies, substantive programs and practices of UTHSCT that are designed to achieve compliance. UTHSCT already maintains various compliance practices, and those practices continue to be a part of its overall legal compliance efforts.

### **Article III      General Policy**

All claims for professional fee and hospital reimbursement made by or on behalf of UTHSCT shall adhere to applicable UTHSCT policies (e.g., Medical Record Review Protocol: Medicare, Physician Payment Alerts, etc.) and the Rules and Regulations of the Board of Regents of The University of Texas System. Claims for professional fee and hospital reimbursement shall also:

- Satisfy the specific coding and billing requirements of individual, non-federal third-party payers; or
- Be consistent with the applicable standards set forth in the federal and state health care programs' regulations, procedures and guidelines or otherwise communicated by The Centers for Medicare and Medicaid (CMS), its agents or any other agency engaged in the administration of the federal health care program and/or its agents.

The UTHSCT Administration, with the advice of the MSRDP Board, establishes the billing philosophy and policies of UTHSCT. These policies shall be distributed to all employees, physicians and independent contractors involved in submitting or preparing any and all requests for reimbursements on behalf of UTHSCT for submission to the federal, state and private health care programs and/or entities. These policies will reflect a commitment to comply with all

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applicable federal, state and local health care program statutes, regulations and directives. Development of procedures for implementation of these policies, including provision of resources and assistance in the process, is the responsibility of UTHSCT as the responsible agent for billing operations.

Every individual who participates in the billing process, including physicians, will receive copies of relevant standards of conduct and policies, including UTHSCT's Ethics and Standard of Conduct, and will be required to sign an attestation that the standards and policies have been read, understood, and will be followed.

The documentation and communications resulting from activities related to this Plan shall be handled in a confidential manner.

### **Article IV      Billing Compliance Organization**

#### **Section A      Role of the MSRDP Compliance and Ethics Committee and the Committee Chair**

The MSRDP Compliance and Ethics Committee (Committee) and the Committee Chair are appointed by the President or his designee to provide oversight to the Plan. Committee meetings will be held quarterly during the fiscal year, or more often as needed. The Committee shall be composed of the Committee Chair, the President of the University Practice Plan, the Executive Compliance Officer, the Sr. Vice President for Finance/CBO, the Executive VP/Chief Operating Officer, the VP for Human Resources, representatives of the Administration, including legal counsel as necessary. The Committee reports to the Board and the Executive Compliance Committee (ECC). The MSRDP Board and the President of the University Practice Plan have

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oversight responsibilities for members of MSRDP. The MSRDP Compliance and Ethics Committee has responsibility for the Billing Compliance Program (Plan) as outlined in Article II.

The MSRDP Compliance and Ethics Committee Chair (Chair) must be a full-time clinical faculty member of the UTHSCT Medical Staff, and a member the Board. The Chair shall report directly to the Board and to the Executive Compliance Committee. The Chair is responsible for reviewing quarterly medical billing compliance audit reports with the Executive Compliance Committee in conjunction with the Chief Compliance Officer.

The primary responsibilities of the Chair shall include:

- Guiding the compliance effort;
- Participating as a member of the Committee;
- Updating the Billing Compliance Plan in consultation with the Chief Compliance Officer;
- Monitor individual clinical department billing compliance activities;
- Providing input, as necessary, to new and existing reimbursement policy (e.g., Physician Payment Alerts, Reimbursement Management Reports, Medical Record Review Protocol: Medicare, etc.);
- Directing the administration of the Billing Compliance Plan;
- Working with the Compliance Office on billing compliance issues as defined by the scope of authority of the Plan;
- Providing appropriate updates, status reports or other information on billing compliance to the Compliance Office, Executive Compliance Committee and the President, as required.

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### **Section B      Role of the Compliance Office**

The Compliance Office is under the direction of the Executive Director of Compliance/CCO. The Compliance Office shall assist the MSRDP Compliance and Ethics Committee Chair and the Committee, by performing the following administrative functions:

- Assist with the review of new and existing policies developed to guide billing of professional and hospital fees;
- Assist in development, review and recommendation of resources for clinical department compliance activities that include compliance self-reviews (monitoring/auditing) and training resources for needs identified;
- Coordinate education and training programs on billing compliance issues (e.g., assist in identifying clinical departmental compliance training, conducting departmental compliance self-reviews, and updates to the OIG work plan) and recommend applicable training materials;
- Maintain information and provide resources for billing compliance-related regulatory issues which may include managing contractual services performed by resources outside UTHSCT;
- Coordinate billing compliance inspections and audits as necessary and report findings pursuant to the Billing Compliance Plan;
- Review reports of departmental prospective self-reviews if available;
- Process telephone and Compliance Hotline calls and other reports of non-compliance to evaluate whether a compliance issue exists and provide a summary of reports and actual compliance issues as described by the Plan;
- Review and/or recommend appropriate corrective action plans or best practices that address billing compliance issues;

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- Based on results from the medical billing compliance software, distribute reports that summarize the compliance effort and identify coding and/or billing process improvements to enhance compliance;
- Assist the MSRDP Compliance and Ethics Committee Chair with documenting the MSRDP Compliance and Ethics Committee meeting minutes; and
- Work closely with the Chair, the clinical departments, billing and coding personnel, administration, and any other billing organizations to foster and enhance compliance with all applicable billing requirements.

#### **Article V      Role of Clinical Departments**

The Clinical Department Chairs, under the direction of the President of the University Practice Plan are responsible for promoting the goals of billing compliance. Each clinical department is responsible for:

- Ensuring the compliance program is practiced and maintained within their specific department;
- Updating and reviewing departmental billing compliance guidelines, rules and regulations as necessary for training and educating departmental faculty physicians and staff;
- Review quarterly medical billing compliance audit reports of departmental records for hospital and physician billing;
- Work with the Division Chair and the Compliance Office to identify corrective action needed based on audit results. Coordinate additional training opportunities for areas needing improvement. Report any billing compliance training hours and attendees to the Medical Staff Services department quarterly.

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- Acting as a resource for physician and staff of the clinical department to enhance compliance in coordination with the billing compliance plan and all applicable laws and regulations; and
- Reporting to the Compliance Office any identified problems.

#### **Article VI      Education and Training**

The MSRDP Compliance and Ethics Committee is responsible for establishing education and training standards, and approving education and training programs. The Compliance Office will work with the clinical departments to ensure appropriate and ongoing compliance training programs that enhance and maintain awareness of billing compliance policies among existing staff and that introduce new personnel to billing compliance policies. The MSRDP Compliance and Ethics Committee is responsible for approving department billing compliance, coding and documentation seminars, prior to contracting, when provided by outside sources. The Committee is also responsible for monitoring clinical department corrective action plans to ensure they are effective in improving compliance deficiencies noted and for monitoring compliance with completing any associated billing compliance training and education recommended.

Education and training is mandatory for all physicians, including faculty and trainees, other health professionals who bill for their services through UTHSCT, and all billing and coding personnel to ensure that each individual is reasonably aware of all statutes, regulations and agency directives (including CMS, and its contractors, and other federal agencies charged with administering federal health programs and their agents) relating to their individual functions. Included is knowledge of the standards of business conduct (UTHSCT's Ethics and Standards of Conduct) that

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such individuals are expected to know along with the consequences that will ensue from any violation of these requirements to the individual and to UTHSCT.

The following education requirements must be met and documented:

1. Each new physician, health care and billing professional shall receive at least two (2) hours of initial training related to billing compliance and UTHSCT coding and documentation policies and procedures. This initial training must be completed before a physician or other health care professional may begin billing. This initial training will include a review of:
  - UTHSCT’s Billing Compliance Plan;
  - Applicable departmental billing compliance materials as recommended by the MSRDP Compliance and Ethics Committee;
  - Medical Record Review Protocol for Medicare; and
  - Appropriate departmental coding and documentation policies and procedures.Such training shall be included in the formal orientation of new employees, including faculty physicians and clerical employees, and shall include instructions on how potential billing compliance issues may be reported. The appropriate clinical departments, with assistance from Revenue Cycle Operations and the Compliance Office will provide training.
  
2. On an annual basis, existing staff physicians, other health care professionals, and clerical employees involved in preparing or submitting requests for reimbursement to the federal health care programs through UTHSCT or its agents shall complete two (2) hours of training and education for billing compliance, coding or documentation training on the following:

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- The submission of accurate bills for services rendered to patients of the federal health care programs;
- The personal obligation of each individual to make reasonable efforts to ensure that the information provided by the individual (either orally or in writing) relating to the care or the services rendered to patients of the federal health care programs, or otherwise provided support of a submission for reimbursement to these programs is accurate;
- Applicable federal health care reimbursement rules and statutes; and
- The legal sanctions for the submission of false or inaccurate information, including, but not limited to, improper billing, and provide examples of improper billing practices.

Examples of appropriate billing compliance education may include:

- Programs developed or sponsored by the Compliance Office, Revenue Cycle Operations or Medical Education;
- Attendance at Medicare or Medicaid workshops on billing compliance, coding and documentation issues;
- Annual review and discussion of the Office of Inspector General (OIG) Work Plan; and
- Viewing compliance or coding/documentation-related videos, reviewing audiotapes or completing computer-based training with post-tests.

3. All key charge capture/coding staff are required to complete a minimum of fifteen (15) hours of approved coding and billing compliance continuing education on an annual basis.

Examples of appropriate billing compliance education may include:

- Programs developed or sponsored by the Compliance Office;
- Attendance at Medicare or Medicaid workshops on billing compliance, coding and documentation issues;

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- Annual review and discussion of the Office of Inspector General (OIG) Work Plan;
- Viewing compliance or coding/documentation-related videos, audio-seminars related to correct coding, reimbursement and any changes made to CPT and ICD-9/ICD-10 codes, reviewing audiotapes or completing computer-based training with post-tests; and
- Attendance at local American Academy of Professional Coders Chapter meetings.

Revenue Cycle Operations and the Coding Manager will develop an appropriate system to document that such billing compliance training has occurred (e.g. sign-in sheets and logs), maintaining compliance training records, and reporting to the Compliance Office annually. The Compliance Office is responsible for reporting statistics to the MSRDP Compliance and Ethics Committee as required.

### **Article VII      Billing Compliance Monitoring**

#### **Section A      Medical Record and Billing Reviews**

The Compliance Office will review and distribute the quarterly medical billing compliance reports for professional and hospital billing to each provider audited as well as provide a summary report to Administration. The Compliance Office will assist in reviewing corrective action plans and identifying education to improve billing compliance as needed. A summary of the quarterly audit results will be presented to the MSRDP Compliance and Ethics Committee. The Department Chair, the Compliance Office, and/or the Committee may propose an appropriate action plan for Clinical Departments. The MSRDP Compliance and Ethics Committee Chair and President of the University Practice Plan should approve the corrective action plans. Upon approval of the proposed corrective actions(s), the MSRDP Compliance and Ethics Committee Chair, working

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with the Compliance Office and the Department Chair will implement the corrective action. A summary report of any corrective actions initiated by the clinical departments shall be provided to the MSRDP Compliance and Ethics Committee at its regularly scheduled meeting. The MSRDP Compliance and Ethics Committee Chair, with the input of the MSRDP Compliance and Ethics Committee and the approval of the President of the University Practice Plan, may, when appropriate, request reviews by the Compliance Office, an audit by UTHSCT's Office of Internal Audit, or by an external auditing entity. All specially requested internal and external audits require approval through UTHSCT's Internal Audit Committee. The results of any official audit will be reported according to UTHSCT audit policy. Any instances of possible dishonest or fraudulent activities must be reported to Internal Audit in accordance with the U. T. System Fraud Policy. [UTS118 Statement of Operating Policy Pertaining to Dishonest or Fraudulent Activities.](#)

Clinical trials billing compliance activities will include the following monitoring activities coordinated through the Compliance Office:

- Patients/trial subjects to include in the clinical trial billing audit/review will be identified initially by financial class, using the Q0 and Q1 modifiers, the Z00.6 diagnosis code, and/or the presence of the National Clinical Trial number. In addition, the Compliance Office will work closely with the UTHSCT Clinical Research Office to identify potential cases/encounters to include in these audits.
- The payers to be included in the clinical trial billing compliance audits/reviews will be Medicare, Medicaid, and study sponsors as the highest priority. While UTHSCT rarely bills third parties for research-related services, this will be monitored based on the billing data transferred from the EPIC billing system to the MDaudit Enterprise software system.
- At a minimum, two clinical trial billing audits will be performed annually.
- A minimum sample size of approximately 100 clinical trial subject encounters will be audited/reviewed in each audit, if available.

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- Clinical trial audit/review findings will be captured and reported via the MDaudit Enterprise software system.
- Clinical trial billing compliance audit/review findings will be reported to the Executive Compliance Committee and the MSRDP Compliance and Ethics Committee by the UTHSCT Compliance Officer receiving input at the Research Compliance Committee meetings, in the same manner as the quarterly medical billing compliance reports as outlined above.
- The Department Chair, the Compliance Office, and/or the Committee may propose an appropriate action plan for Clinical Departments. The MSRDP Compliance and Ethics Committee Chair and President of the University Practice Plan will approve the corrective action plans. Upon approval of the proposed corrective action(s), the MSRDP Compliance and Ethics Committee Chair, working with the Compliance Office and the Department Chair, will implement the corrective action.
- An internal department quality assurance program will be implemented to ensure audits and educational efforts strive to meet applicable billing requirements and policies.

Any identified overpayment will be returned to the involved payor (or patient) in a timely manner and recorded within the MDaudit Enterprise software system.

#### **Section B      Reports of Billing Compliance Issues**

Communications with the Compliance Office with respect to questions and concerns regarding billing compliance is encouraged. All reports received via contact with the Compliance Hotline, through exit interviews, or other appropriate mechanisms addressing possible instances of non-compliance shall be forwarded to the Compliance Office. The Compliance Hotline is an anonymous mechanism for reporting possible non-compliance. Employees who report, in good

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faith, possible compliance problems shall be protected from retaliation or harassment as established by law.

UTHSCT has established the Compliance and Ethics Hotline as an anonymous disclosure program enabling any employee to disclose, outside that employee's direct chain of command, any practices or billing procedures relating to the federal health care programs that are alleged to be inappropriate. The disclosure program shall, at a minimum, provide for toll-free telephone lines to be maintained by a third-party and made available to all employees and patients of UTHSCT, twenty-four hours a day, seven days a week, for the purpose of making any disclosures regarding compliance. The Compliance Office maintains procedures to receive, process and resolve compliance issues.

UTHSCT shall, as part of any disclosure program, require the internal review of any disclosure that is sufficiently specific so that it: (a) permits a determination of the appropriateness of the billing practice alleged to be involved; and (b) reasonably permits corrective action to be taken and proper follow-up to be conducted. In an effort to address every disclosure, however, UTHSCT shall, in good faith, make a preliminary inquiry for every disclosure to ensure all necessary information reasonably required to determine whether an internal review should be conducted has been obtained.

#### **Section C      Logging and Investigating Reports**

The Compliance Office shall log all reports of billing compliance issues and reports of non-compliance and evaluate any instances of possible non-compliance. The Compliance Office or other appropriate party will investigate any instances of possible non-compliance. A summary

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of compliance issues and dispositions shall be provided to the Executive Compliance Committee at its regularly scheduled meetings.

Investigations shall be conducted promptly under the direction of the Chief Compliance Officer. Information concerning billing compliance shall be presented to the MSRDP Compliance and Ethics Committee for review. The MSRDP Compliance and Ethics Committee Chair and P President of the University Practice Plan shall be promptly notified of the pending investigation. Investigations shall include seeking direct input from the faculty member(s) or other health care professional(s) involved unless the Chief Compliance Officer determines this to be impractical or otherwise inadvisable under the circumstances.

### **Article VIII     Committee Review, Corrective Action and Appeal**

#### **Section A       Committee Review**

Reports of billing compliance investigations shall be presented to the MSRDP Compliance and Ethics Committee. The Clinical Department Chair and the MSRDP Compliance and Ethics Committee Chair will review the available evidence and make a recommendation regarding whether the issue constitutes non-compliance and the recommended corrective action as applicable.

#### **Section B:       Corrective Action and Appeal**

When the MSRDP Compliance and Ethics Committee has identified a potential non-compliance issue, including poor scores on the medical billing compliance audits, a corrective action plan may

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be included in the Committee's recommendations. Corrective action plans may include, but are not limited to, the following elements:

- Modification of billing practices;
- Requirements of additional billing training;
- Recommendations for refunds;
- Placement of restrictions on billing by faculty members or other health care providers;
- Further review and/or investigation; or,
- Disciplinary action.

If the MSRDP Compliance and Ethics Committee, as part of the corrective action plan, recommends disciplinary action, the recommendation shall be made based on the facts and circumstances relating to the incident(s) of non-compliance. The disciplinary actions and appeals carried out by the President of the University Practice Plan will be handled through the Medical Executive Committee following applicable processes in accordance with the Medical Staff Bylaws.

Disciplinary actions will escalate for recurring patterns of medical billing non-compliance as outlined in the UTHSCT Handbook of Operating Procedures policy 09.32 Delinquent Medical Records. Steps for corrective action will normally follow in the order listed. However, steps in this process may be waived depending on the severity of the offense warranting disciplinary action.

#### **Article IX      Dealing with Excluded or Convicted Persons or Entities**

UTHSCT shall not knowingly employ (either as a bone fide employee or as an independent contractor), with or without pay, any individual or entity that is listed by a federal agency as

## **Billing Compliance Plan**

### UT Tyler Health Science Center

excluded, suspended or otherwise ineligible for participation in federal or state programs to hold any position or render any services for which the individual's or entity's compensation or the services rendered by the individual or entity or paid, in whole or in part, directly or indirectly by the federal or state health care program or otherwise with federal or state funds. UTHSCT follows IHOP policy 3843801 Sanctioned Individuals regarding dealing with excluded or convicted persons or entities.

#### **Article X      Revisions to the Billing Compliance Plan**

This Billing Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the health care system. The Plan will be regularly reviewed by the MSRDP Compliance and Ethics Committee to assure that it remains current and effective. Proposed changes to the Plan by members of the MSRDP Compliance and Ethics Committee, departments or individual employees shall be considered by the Committee, and, if approved, recommended to the MSRDP Compliance and Ethics Committee Chair. The Chair shall request approval of changes by the MSRDP Board and the Executive Compliance Committee.

Date Approved by UTHSCT Executive Compliance Committee:

**PRIVILEGED & CONFIDENTIAL COMPLIANCE RECORD** - *This information comprises records, information, or reports received or maintained by UTHSCT's Compliance Officer. As such, it is confidential, privileged and protected from discovery. (Pursuant to §161 et. seq. of the Texas Health and Safety Code and Chapter 151 §A of the Texas Occupation Code, Texas Medical Practice Act)*