



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Operating Policy and Procedure

HSCEP OP: 52.07, Billing Compliance Plan

PURPOSE: The purpose of the Billing Compliance Plan (hereto referred to as “Plan”) is to implement a Billing Compliance Program (BCP) to provide a framework for effective billing compliance. The Plan encompasses the clinical billing activities within the School of Medicine, School of Nursing, and Graduate School of Biomedical Sciences at Texas Tech University Health Sciences Center El Paso (TTUHSC EP EP).

REVIEW: This HSC Operating Procedure (OP) will be reviewed in June of each even-numbered year (ENY) by the Institutional Compliance Officer (ICO) and/or Unit Manager of Compliance and the Billing Compliance Advisory Committees (BCAC). Finalized OP will be forwarded to the Institutional Compliance Committee (ICC) for approval by September 1.

POLICY AND PROCEDURE:

1. Defined Terms

The following terms are defined for purposes of this HSC OP:

- a. **Employees** are Faculty, Residents, and Staff who receive W-2 wages from TTUHSC EP who provide health care services/items, and/or participate in health care operations, including, but not limited to administrative support, preparation of health care claims, billing of health care items/services or similar activities.
- b. **Agents** are individuals and entities that have contracted with TTUHSC EP to provide health care services/items or otherwise participate in health care operations, including, but not limited to administrative support, preparation of clinical claims, billing of health care items/services or similar activities.
- c. **Providers** are Employees and Agents of the TTUHSC EP School of Medicine, School of Nursing, School of Dental Medicine and School of Biomedical Sciences, who engage or participate in the provision of health care services/items billed under a TTUHSC EP Federal Tax Identification Number. This term includes (but is not limited to) Physicians, Advanced Practice Nurses, Physicians’ Assistants and Clinical Pharmacists, Clinical Psychologists and Dentists. This term excludes Residents.
- d. **Residents** are individuals who participate in a TTUHSC EP-approved graduate medical education (GME) program. This term includes Interns and Fellows in GME programs recognized as approved for purposes of direct GME payments made by a Medicare Contractor.
- e. **Fraud** has the same meaning as contained in [TTUS Regents’ Rule 07.03, Fraud Policy](#).
- f. **Violation of Law** means failure or refusal to follow any applicable state or federal law such that criminal and/or civil penalties may be imposed.
- g. **Non-compliance** means failure or refusal to follow applicable state or federal laws or institutional policies whether or not such conduct results in financial risk to TTUHSC EP. It can include acts that constitute fraud, violations-of-law, or failure to comply with the Plan or related policies and procedures.

- h. **Proxy** refers to a physician participant, appointed and approved in advance, to function as the designated BCAC member's representative to be utilized in instances where the BCAC member is unable to attend the BCAC function.
- i. **BCAC** –Billing Compliance Advisory Committee
- j. **BCP** – Billing Compliance Program
- k. **ICC** – Institutional Compliance Committee
- l. **ICO** – Institutional Compliance Officer

2. **Billing Compliance Oversight**

Billing Compliance Staff. TTUHSC EP shall provide adequate resources and authority to the Institutional Compliance Officer (ICO) to implement an effective BCP.

Institutional Compliance Officer (ICO). The ICO shall report to the Institutional Compliance Committee (ICC) on the implementation and effectiveness of the BCP. The ICO shall have primary responsibility for the School of Nursing, School of Biomedical Sciences billing compliance oversight activities. Each of the Deans of the Schools of Nursing, Biomedical Health Sciences shall appoint a designee (School Liaison) to coordinate billing compliance oversight with the ICO for their respective Schools. Specific duties and responsibilities of the ICO shall be outlined in billing compliance policies and procedures.

Billing Compliance Unit Manager. The Unit Manager is responsible for billing compliance functions and reports to the ICO. The Unit Manager shall be responsible for billing compliance oversight. Specific duties and responsibilities of the Unit Manager (and their staff as applicable) shall be outlined in billing compliance policies and procedures.

Billing Compliance Advisory Committees (BCAC). Billing Compliance oversight for the TTUHSC EP School of Medicine shall be provided by a Billing Compliance Advisory Committee (BCAC). The BCAC, and any subcommittees or workgroups established by the BCAC, shall each be considered a "medical committee" as defined under Texas Health and Safety Code §161.031(a), and/or other applicable state and federal laws. All documents generated by the BCAC, submitted to the BCAC or created for the purposes of fulfilling the BCAC's duties under TTUHSC EP's BCP are confidential and privileged and shall be identified as a "Confidential – Medical Committee Document".

- 1) Membership. The School of Medicine Dean shall appoint members to the BCAC, to include, at a minimum the following:
 - the Dean or his/her designee,
 - the Medical Practice Income Plan (MPIP) Director or his/her designee,
 - the Chair of the MPIP Committee or his/her designee,
 - School of Medicine Director of Medical Coding
 - the Medical Records Manager and/or a representative from Electronic Health Record/Electronic Medical Record (ex-officio), and
 - Other individuals based on recommendations from the Unit Manager.

The Unit Manager and at least one Billing Compliance Analyst (as applicable) shall be ex-officio members of their respective BCAC.

Each physician member shall have the option to appoint a "proxy" to attend BCAC meetings in the event he/she is unable to attend. All "proxy" members of the BCAC committee shall be approved in

advance by the Dean's Office. Additionally, the role of the "proxy" will be to record and relay information to and from the sitting BCAC member for his/her subsequent comment, as necessary.

2) Meetings. The BCAC shall meet quarterly, or more often as necessary to meet its responsibilities under the Plan. The Unit Manager shall chair the meetings. In the Unit Manager's absence, the Billing Compliance Analyst, or the ICO may serve as chair. The presence of a simple majority of members shall constitute a quorum for purposes of conducting business. If a quorum is not present, the meeting may proceed to provide information, but no business (i.e., voting) may be conducted.

3) Role and Responsibilities. The BCAC is responsible for oversight of the Plan. The BCAC shall, with respect to billing compliance oversight:

- a) Receive, at a minimum, quarterly and annual reports from the BCO on the status of the BCP and related activities.
- b) Recommend and/or approve corrective action based on the findings from routine monitoring, risk-based audits, and/or investigations.
- c) Provide guidance to the Unit Manager regarding proposed institutional billing compliance policies and procedures, disciplinary action due to non-compliance, and on issues not covered under existing policies or requiring the attention of the ICO.
- d) Assist the Unit Manager in identifying risk areas and high risk activities.
- e) Provide support to the Unit Manager in carrying out the various aspects of the BCP, including corrective action.
- f) Verify that appropriate billing compliance education and training has been provided.

4) School Liaisons. Each of the Deans of the Schools of Nursing, School of Dental Medicine and Biomedical Health Sciences shall appoint a designee to coordinate billing compliance oversight with the ICO for their respective Schools.

3. Other Billing Compliance Areas

a. Policies & Procedures. The ICO with input from the Unit Manager, BCAC and School Liaisons, shall develop, update and maintain billing compliance policies and procedures addressing billing compliance standards, identified risks and operational procedures. The Plan and related policies shall be posted on the TTUHSC EP Billing Compliance website.

b. Education and Training.

- 1) Initial and on-going billing compliance education and training programs shall be developed to address fraud, waste and abuse, and identified billing compliance risk areas. General content criteria, frequency, attendance requirements, and completion deadlines for all billing compliance training shall be established by written policy.
- 2) The Unit Manager is responsible for providing initial and on-going billing compliance education to designated providers and staff in the TTUHSC EP School of Medicine as directed by the ICO and/or as established in written policy. The Unit Manager is responsible for providing billing compliance education to the Schools of Biomedical Sciences and Nursing.
- 3) Records of billing compliance education and training shall be maintained in a format to be determined by policy. Billing compliance education materials (electronic and/or hard copy) shall be retained at least ten (10) years.

c. Monitoring/Auditing and Investigations

- 1) Monitoring/Auditing.

Routine monitoring and auditing shall be conducted based on federal documentation guidelines, carrier guidelines, payer standards, and other applicable regulations in accordance with approved billing compliance policies. Monitoring and auditing results shall be reported to the BCAC and the ICC. Audits shall be conducted based upon identified billing compliance risk areas as determined by the ICO and Unit Manager and approved by their respective BCAC or the ICC.

2. Billing Compliance Investigations

- a) Internal. The ICO shall plan, initiate, and oversee investigations arising from identified or suspected non-compliant billing activity. The ICO may delegate one or more aspects of the investigation to the Unit Manager or other individuals. Results of investigations shall be reported to the BCAC and to the ICC.
- b) External. Any external investigations related to documentation and/or billing of health care items/services shall be reported to the ICO as soon as possible. Requests for information from external investigators must be reviewed by the ICO and/or General Counsel.

4. **Reporting Responsibilities and Resources**

- a. An Employee or Agent with a good faith belief that any conduct or practice constitutes non-compliance or violates the BCP has a responsibility to report it using one or more of the steps below:

- 1) Discuss the issue with their immediate supervisor.
- 2) Discuss the issue with higher level management, such as the Department Administrator, Department Chair, or Dean.
- 3) Bring the issue to the attention of the Unit Manager.
- 4) Make a confidential and/or anonymous report by:

- **Calling the Fraud and Misconduct Hotline toll free at (866) 294-9352 or**
- **Using the confidential reporting website for TTUHSC EP at www.ethicspoint.com**

Reporting responsibilities, protections for good-faith reporters, and resources are further described in [HSCEP OP 52.03, Fraud and Misconduct Hotline](#) and [HSCEP OP 52.04, Report & TTUHSC EP Internal Investigation of Alleged Violations, Non-Retaliation](#).

5. **Response and Corrective Action**

- a. Response to Allegations

Allegations of billing non-compliance shall be investigated under the direction of the ICO. Responses to findings of non-compliance may include, but are not limited to:

- Refunding of health care services/items.
- Mandatory re-education of individuals and/or departments.
- Escalating corrective action as listed below in paragraph b.
- Modification of the Plan, related policies and procedures and/or education materials.

TTUHSC EP Employees and Agents shall cooperate during any billing compliance investigation and shall not alter or destroy any documentation during the course of any internal or external investigation.

b. Corrective Action and Appeal Rights

Failure or refusal to comply with applicable laws and regulations or with the BCP and related policies may result in corrective action. An Employee's supervisor, Chair, or Dean may also be subject to corrective action when he/she

- (i) directs or approves the Employee's improper actions;
- (ii) is aware of the improper actions and fails to correct them, or
- (iii) otherwise fails to exercise appropriate supervision.

Corrective action may include, but is not limited to, any of the following:

- counseling,
- mandatory education,
- increased monitoring/auditing,
- verbal warning,
- written warning,
- reclassification or reassignment of duties,
- suspension of billing privileges for Providers,
- suspension of clinical privileges for Residents,
- termination of employment or contractual relationship with TTUHSC EP.

Corrective action and appeal rights will be addressed in accordance with existing policies including, but not limited to, each Schools' Faculty Handbook, the School of Medicine House staff Policies and Procedures, [HSCEP OP 70.31, Employee Conduct, Coaching, Corrective Action, and Termination](#) and [HSCEP OP 60.01, Tenure and Promotion Policy](#).

6. Right to Change Policy

TTUHSC EP reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.