

Policies and Procedure

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PURPOSE

The purpose of this Policy is to provide procedures for physicians who serve as clinical department representatives on the Compliance Liaison Committee—School of Medicine as set forth in the Compliance Plan for Health Sciences Billing and Patient Services (the “Plan”) to assist such physicians in fulfilling the intent of the Committee.

POLICY

As required by the Plan, Creighton University (the “University”) shall maintain a Compliance Liaison Committee—School of Medicine (the “Committee”) composed of the Compliance Director and a physician appointed by each clinical department in the University’s School of Medicine (each clinical department, a “Department”). Each Committee member shall serve as a liaison between his/her Department and the Compliance Director to address compliance issues at the Department level.

PROCEDURES

- A. The Chair of each Department shall appoint a physician from the Department to serve on the Committee. The term of each appointment shall continue until such time as the appointed physician resigns or is removed from the Committee and replaced with a new representative appointed by the Chair of the Department. A physician may resign from the Committee by notifying the Chair and the Compliance Director not less than 60 days prior to the next scheduled meeting of the Committee.
- B. The Committee shall hold scheduled meetings quarterly. At the beginning of each calendar year, the Compliance Director shall notify the members of the Committee of the meeting dates for the regularly scheduled meetings. The Committee may hold additional special meetings as determined necessary by the Committee and/or the Compliance Director. Committee members are expected to attend 75% of the meetings of the Committee in a calendar year. A member unable to attend a meeting shall notify the Compliance Director prior to the meeting. Members may be asked to review and comment on compliance policies and procedures, training materials or other documents in advance of scheduled meetings.
- C. The identity of the Committee member in each Department shall be made known to each member of the Department (faculty and staff). The Committee member in each Department shall serve as a point of contact for potential compliance matters that may arise in the Department. Each Committee member shall determine at his/her own discretion, the procedures by which he/she shall remain informed of the compliance status of the Department and provide compliance information to the Department, which procedures may include meeting with Department physicians and nonphysician practitioners, staff, the Administrator, the Compliance Coordinator (as applicable), the Billing Manager and the coding staff as necessary. Each Committee member shall report on the compliance status of the Department at each quarterly meeting of the Committee. A Committee member may discuss matters with the Compliance Director between meetings as he/she determines necessary.
- D. A Department through its Committee member may initiate an investigation of suspected or known billing noncompliance but must promptly notify the Compliance Director. Consistent with the Plan, the Compliance Director shall determine whether the Department can continue an investigation or whether the matter should be investigated by the Billing Compliance Office, Internal Audit or General Counsel.

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E. In serving as the physician liaison for the Department, a Committee member may also be asked to perform the following activities:

1. Provide guidance on matters not determined to be a compliance issue (e.g., provide education on documentation and coding) to other physicians and nonphysician practitioners in the Department;
2. Assist the Compliance Director in ensuring members of the Department complete required annual compliance training;
3. Provide input as requested by the Compliance Director on investigations being performed by the Billing Compliance Office;
4. Provide input as requested by the Compliance Director on the development of any corrective action plans developed for members of the Department or the Department itself by the Billing Compliance Office and assist in implementing any such corrective action plan; and
5. Such other activities as may be requested by the Chair of the Department and/or the Compliance Director.

CONFIDENTIALITY

Members of the Committee may have access to confidential information of the University regarding billing compliance issues and/or School of Medicine faculty and staff matters. Members shall hold all information to which they have access by virtue of their position on the Committee as strictly confidential and shall not discuss such information or the proceedings of the Committee outside of the Committee without the prior approval of the Compliance Director.

RECORD KEEPING

The Billing Compliance Office shall prepare the agenda for and minutes documenting meetings of the Committee. The documents will be retained according to the Billing Compliance Office's Policy on Retention and Destruction of Compliance Office Records. Committee members may, upon request to the Compliance Director, review minutes of past meetings.

ADMINISTRATION AND INTERPRETATIONS

This Policy shall be administered by the Billing Compliance Office. Questions regarding this Policy should be directed to the Compliance Director (280-2107) or the Compliance Coordinator (280-1755).

AMENDMENT/TERMINATION OF THIS POLICY

The Billing Compliance Office reserves the right to modify, amend or terminate this Policy at any time. This Policy does not constitute a contract between the University and its employees.