

Policies and Procedures - School of Medicine

SECTION: COMPLIANCE	Approved: 8/09/2001	Effective Date: 8/09/2001	Revised: 01/01/2012
CHAPTER: BILLING	Replaces Policy Revised: 07/14/05		
POLICY: DEPARTMENT AUDIT GUIDELINES	Retired:		
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I. PURPOSE

This Policy is to provide a uniform mechanism for the performance of internal audits of the providers in each clinical department, as appropriate, in accordance with the University's Compliance Plan For Health Sciences Billing and Patient Services.

II. POLICY

The Physician Coding Audit personnel of Creighton Medical Associates (CMA Audit) shall conduct initial and continuing audits of all providers who bill for health care services under Creighton University's tax identification number. In addition, CMA Audit shall conduct quarterly audits of the clinical laboratory billing activity of Creighton Medical Laboratories (CML). Each clinical department shall cooperate with CMA Audit and the Billing Compliance Office (Compliance Office) in the performance of audits.

III. SCOPE

This Policy applies to all billing providers who bill health care items and services under Creighton University's tax identification number and clinical departments within the School of Medicine.

IV. PROCEDURE

A. Provider Audits

1. New Provider Audits.

CMA Audit shall audit ten (10) encounters for each new provider joining a department, using the procedures set forth below, prior to the department submitting any claims to payers for the new provider. The encounters for each provider will be selected by CMA Audit and will be representative of the scope of services of the provider (e.g., procedures, evaluation and management, inpatient, outpatient). Upon request, the Compliance Office may allow audited claims to be submitted to payers prior to completion of the New Provider Audit in those instances where timely filing deadlines may be missed or there are other exceptional circumstances.

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2. Current Provider Audits.

CMA Audit shall audit a minimum of ten (10) encounters in a calendar year for each billing provider using the audit procedures set forth below. Audits shall be conducted in blocks of ten (10) encounters for each provider ("audit block"). The encounters for each provider will be selected by CMA Audit and will be representative of the scope of services of the provider (e.g., procedures, evaluation and management, inpatient, outpatient). The individual provider audit block (of ten encounters) shall occur within at least one of four calendar quarters annually. CMA Audit may audit providers more often than one quarter per calendar year.

B. Clinical Laboratory Audits

CMA Audit shall conduct quarterly audits of CML's clinical laboratory billing activity.

C. Prospective v. Retrospective Audits

All new provider audits shall be conducted prospectively. Audits for current providers shall be conducted retrospectively (i.e. after the encounter is entered into the electronic billing system).

D. Audit Personnel

1. Department Designated Individual. Each clinical department shall designate an individual responsible for coordinating with CMA Audit to ensure that audits are performed in accordance with the procedures set forth in this policy.
2. CMA Audit Personnel. CMA Audit Personnel shall, at a minimum, be professional coders certified by the American Academy of Professional Coders (AAPC) or other recognized accrediting organization. If feasible, personnel shall also be certified as professional medical auditors by AAPC or other recognized accrediting body.

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3. Training Requirements. Individuals designated by the Department and CMA Audit personnel shall participate in any training provided by the Compliance Office addressing University billing audit procedures.

E. Audit Process

The most current Creighton University Billing Audit Handbook and Appendices (<http://www.creighton.edu/billingcompliance/MSPP.htm>) as updated, and approved supporting forms shall be utilized in auditing provider records for determining billing compliance and completing the audit Worksheets. In addition to the above minimum audit requirements, CMA Audit may choose to audit other aspects of the medical record during the billing audit conducted under this policy including. Without limiting the foregoing, CMA Audit will audit three of each ten encounters audited for a provider for issues specific to electronic health record documentation.

F. Reports of Audit Findings

1. Audit Findings. For corrective action/training purposes only, audit findings (i.e., points) should correspond to the individual responsible for the identified error. In all cases, the provider is responsible for any "B-1", "B-4", "B-5" and "D-2" findings (see below). Findings under "B-2", "B-3", "A" and/or "C" may either be a provider or staff error depending on who is responsible for final selection of the CPT-4 code(s) and/or ICD-9 code(s) under the department's coding policies. Findings under "D-1,3,4 and 5" also may be either a provider or staff error depending upon department coding policies. Any questions regarding allocation of points should be addressed to the Compliance Office.
2. Provider Encounters - Audit Face Sheets. An appropriate Audit Face Sheet (See Billing Audit Handbook Appendices) shall be completed for each provider encounter audited by CMA Audit. All findings from the Audit Worksheets (excluding clinical laboratory Worksheet, see below) shall be marked on the appropriate Audit Face Sheet.

The findings from the Audit Face Sheet for provider encounters shall be transferred to the CMA Audit Provider Tracking Spreadsheet. A copy

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of the quarterly audit findings transferred from the Audit Face Sheet to the audit spreadsheet shall be given to the Billing Compliance Auditor quarterly.

3. Clinical Laboratory - Audit Worksheet. CMA Audit shall perform quarterly audits of clinical laboratory pathology billing, using the appropriate Audit Worksheet contained in the Billing Audit Handbook, Appendix A-3.
4. Report to Compliance Office and Billing Compliance Committee. The Physician Coding Director of Creighton Medical Associates shall report on the performance and findings of new and continuing provider audits to the Compliance Office and Billing Compliance Committee monthly and upon request. Any audit findings that indicate a potential billing compliance issue will be reported to the Compliance Office immediately upon discovery.

G. Audit Record Maintenance and Retention

1. Provider Report of Audit Findings. In order to facilitate provider review of audit findings and education, the Provider Report of Audit Findings, along with any documentation supporting audit findings shall be given to the Coding Manager to review with the affected provider and coder for response. Any charge corrections required shall be tracked and confirmed on the Error Correction Report. Corrective actions shall be noted on the Coder Summary Document. The Provider Report of Audit Findings shall be retained by CMA Audit for at least one (1) year from the date of issuance of the quarterly audit report that contains those audit findings.
2. Documentation Supporting Audit Findings. A copy of the documentation supporting the audit finding(s) for provider encounters audited should be attached to the Audit Face Sheet and retained with the Audit Face Sheet and applicable Worksheet(s) in a secure location by CMA Audit for at least one (1) year from the date of the quarterly audit report. Upon demand, CMA Audit shall make this information available to the Compliance Director, his/her staff or the Internal Audit Department for review. Any copies of documentation supporting audit findings retained by CMA Audit may be destroyed (in a confidential manner) one (1) year from the date of issuance of the quarterly audit report that contains those audit findings, to the Compliance Office.

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3. Audit Face Sheet and Worksheet. CMA Audit shall retain the Audit Face Sheet and applicable Worksheet from completed audits for at least one (1) year from the date of the issuance of the quarterly audit report that contains those audit findings, to the Compliance Office. Retention can include scanning the paper form onto a computer disk as long as the information can be accurately retrieved and copied.

V. ADMINISTRATION AND INTERPRETATION

Questions regarding this policy may be addressed to the Physician Coding Director of Creighton Medical Associates or the Compliance Office.

VI. AMENDMENTS OR TERMINATION OF THIS POLICY

This policy may be amended or terminated at any time.

VII. REFERENCES

Creighton University's Billing Audit Handbook and Appendices.