

Policies and Procedures

SECTION: Administration	NO. 2.5.6.		
CHAPTER: Billing Compliance	ISSUED: 02/01/2020	REV. A	REV. B
POLICY: Patient Care Unit Compliance Billing Monitoring	PAGE 1 OF 5		

PURPOSE

This policy is to provide a uniform mechanism for the performance of internal monitoring reviews of the providers in each patient care unit who provide health care services, in accordance with the University's Patient Care Billing Compliance Plan.

POLICY

The patient care unit shall conduct initial and continuing reviews of all providers who bill for health care services under Creighton University's tax identification number. Each patient care unit shall cooperate and collaborate with the Billing Compliance Committee Representative and the Internal Audit Department in the performance of the compliance monitoring reviews.

SCOPE

This policy applies to Creighton University employees, faculty, and agents who bill health care items and services under Creighton University's tax identification number. The current University patient care units which provide and bill for patient care services and the billing coding systems are as follows:

- | | | |
|----|---|--|
| A. | Department of Pediatrics,
Pediatric Specialty Physicians | AMA – Current Procedural Terminology (cpt)
International Statistical Classification of Diseases and Related Health Problems, 10 th Revision, Clinical Modification (ICD-10-CM) |
| B. | Student Health and Counseling | AMA – Current Procedural Terminology (cpt)
International Statistical Classification of Diseases and Related Health Problems, 10 th Revision, Clinical Modification (ICD-10-CM) |
| C. | Creighton Therapy Wellness | AMA – Current Procedural Terminology (cpt)
International Statistical Classification of Diseases and Related Health Problems, 10 th Revision, Clinical Modification (ICD-10-CM) |
| D. | School of Dentistry Clinics | ADA – Code on Dental Procedures and Nomenclature CDT Code (cdt) |
| E. | CUMC Outpatient Pharmacy | National Drug Codes (NDC) |

Policies and Procedures

SECTION: Administration	NO. 2.5.6.		
CHAPTER: Billing Compliance	ISSUED: 02/01/2020	REV. A	REV. B
POLICY: Patient Care Unit Compliance Billing Monitoring	PAGE 2 OF 5		

PROCEDURE

A. Provider Billing Reviews

1. New Provider Reviews

The patient care unit shall review ten (10) encounters for each new provider joining a patient care unit, using the procedures set forth below, prior to the patient care unit submitting any claims to payers for the new provider. The encounters for each provider will be selected by the patient care unit and will be representative of the scope of services of the provider (e.g. procedures, evaluation and management, inpatient, outpatient, etc.). Upon request, the Billing Compliance Committee may allow reviewed claims to be submitted to payers prior to completion of the new provider review in those instances where timely filing deadlines may be missed or there are other exceptional circumstances.

- a. The CUMC Outpatient Pharmacy (patient care unit E.) (the Pharmacy) may be exempted from this requirement provided that the new dispensing pharmacist's prescriptions are immediately subject to review via the Pharmacy's on-going monthly quality assurance monitoring program.
- b. It is expected that all other patient care units A. – D. will comply with this requirement.

2. Current Provider Reviews

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

- a. The monthly reports documenting the results of the Pharmacy's on-going monthly quality assurance monitoring program satisfy this requirement.
- b. It is expected that all other patient care units A. – D. will comply with this procedure.

B. Prospective v. Retrospective Reviews

Policies and Procedures

SECTION: Administration	NO. 2.5.6.		
CHAPTER: Billing Compliance	ISSUED: 02/01/2020	REV. A	REV. B
POLICY: Patient Care Unit Compliance Billing Monitoring	PAGE 3 OF 5		

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

C. Personnel

1. **Patient Care Unit Designated Individual.** Each patient care unit shall designate an individual responsible for coordinating with the Billing Compliance Committee Representative to ensure that reviews are performed in accordance with the procedures set forth in this policy.
2. **Qualifications.** Individuals designated by the patient care unit shall be trained, knowledgeable of applicable billing code systems, claim submission requirements and processes, and audit and monitoring techniques. Certification by the American Academy of Professional Coders (AAPC) or other applicable recognized accrediting organization is strongly encouraged.
3. **Training Requirements.** Designated individuals who participate in the monitoring reviews should receive regular training and maintain credentials. Designated individuals and other participants shall attend any training provided by the Billing Compliance Committee addressing University patient care compliance and billing matters.

D. Review Process

The most current Creighton University Billing Compliance Monitoring Program Handbook and appendices (<http://www.creighton.edu/generalcounsel/compliance/billingcompliance/>) as updated, and approved supporting forms shall be utilized in reviewing provider records for determining billing compliance and completing the Review Worksheets. In addition to the above minimum review requirements, the patient care unit will review three of each 10 encounters reviewed for a provider for issues specific to electronic health record documentation (Pharmacy is exempted from the procedure).

E. Reports of Review Findings

1. **Review Findings**
 - a. **Medical.** For corrective action/training purposes only, review 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-10 code(s) under the patient care unit’s coding policies. Findings under “D-1, 3, 4 and 5” also may be either a provider or staff error depending upon coding policies. Any questions regarding allocation of points

Policies and Procedures

SECTION: Administration	NO. 2.5.6.		
CHAPTER: Billing Compliance	ISSUED: 02/01/2020	REV. A	REV. B
POLICY: Patient Care Unit Compliance Billing Monitoring	PAGE 4 OF 5		

should be addressed to the Billing Compliance Committee Representative.

- b. Dental. For corrective action/training purposes only, review findings (i.e. points) should correspond to the individual responsible for the identified error. Any questions regarding allocation of points should be addressed to the Billing Compliance Committee Representative.
 - c. Pharmacy. For corrective action/training purposes only, review findings (i.e. points) should correspond to the individual responsible for the identified error. Any questions regarding allocation of points should be addressed to the Billing Compliance Committee Representative.
2. Provider Encounters – Review Face Sheets. An appropriate Review Face Sheet (See Billing Compliance Monitoring Program Handbook Appendices) shall be completed for each provider encounter audited by patient care unit. All findings from the Review Worksheets shall be marked on the appropriate Review Face Sheet.

The findings from the Review Face Sheet for provider encounters shall be transferred to the Patient Care Unit Provider Tracking Spreadsheet. A copy of the quarterly review findings transferred from the Review Face Sheet to the review spreadsheet shall be given to the Billing Compliance Committee Representative quarterly.

3. Reports to Billing Compliance Committee. The Patient Care Unit Designated Individual shall submit reports on the performance and findings of new and continuing provider audits to the Billing Compliance Committee Representative on an agreed upon schedule ideally within 45 days of the close of the preceding quarter (i.e. by May 15 for the first calendar quarter, January 1 – March 31). The Billing Compliance Committee Representative will report to the Billing Compliance Committee at each scheduled meeting or upon request. Any review findings that indicate a potential billing compliance issue will be reported to the Billing Compliance Committee Representative immediately upon discovery.

F. Monitoring Program Record Maintenance and Retention

1. Provider Report of Review Findings. In order to facilitate provider review of identified findings and education, the Provider Report of Review Findings, along with any documentation supporting the findings shall be given to the patient care unit coding manager to review with the affected provider and coder (if applicable) 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 Review Findings shall be retained by the patient

Policies and Procedures

SECTION: Administration	NO. 2.5.6.		
CHAPTER: Billing Compliance	ISSUED: 02/01/2020	REV. A	REV. B
POLICY: Patient Care Unit Compliance Billing Monitoring	PAGE 5 OF 5		

care unit for at least four (4) years from the date of issuance of the quarterly report that contains those findings; and by the Billing Compliance Committee for seven (7) years from date of issuance.

2. Documentation Supporting Review Findings. A copy of the documentation supporting the review finding(s) for provider encounters should be attached to the Review Face Sheet and retained with the Review Face Sheet and applicable Worksheet(s) in a secure location by the patient care unit for at least four (4) years from the date of the quarterly report. Upon demand, the patient care unit shall make this information available to the Billing Compliance Committee Representative or the Internal Audit Department for review. Any copies of documentation supporting review findings retained by patient care unit may be destroyed (in a confidential manner) four (4) years from the date of issuance of the quarterly report that contains those findings, to the Billing Compliance Committee Representative.
3. Review Face Sheet and Worksheet. The patient care unit shall retain the Review Face Sheet and applicable Worksheet from completed reviews for at least four (4) years from the date of the issuance of the quarterly audit report that contains those findings, to the Billing Compliance Committee Representative. Retention can include scanning the paper form onto a computer disk/file as long as the information can be accurately retrieved and copied.

ADMINISTRATION AND INTERPRETATION

Questions regarding this policy should be addressed to the Billing Compliance Committee.

AMENDMENTS OR TERMINATION OF THIS POLICY

This policy may be amended or terminated at any time.

REFERENCES

Creighton University's Billing Compliance Monitoring Program Handbook