



TUSDM Patient Billing and HIPAA Privacy Compliance Program

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1.) Definitions

The following definitions are utilized throughout this document:

TUSDM: Tufts University School of Dental Medicine

Faculty: A full-time, part-time or volunteer medical doctor, dentist or hygienist who has a faculty appointment with the School. The individual is authorized to render direct patient care or supervise a resident, fellow, intern or student.

Providers: A provider is defined as any attending faculty, full-time faculty, part-time faculty or volunteer faculty, fellow, resident, students, intern or hygienists.

Third Party Payors: Any organization such as Blue Cross/Blue Shield, Medicare, Medicaid or other commercial insurance company that is the payor for coverage provided by a health plan.

Office of the Inspector General (OIG): Organization whose mission it is to protect the integrity of the federal Department of Health and Human Services (HHS) programs as the health and welfare of program beneficiaries.

Clinical and Administrative Staff: Tufts employees who render direct patient care, bill for direct care or support the services clinically or administratively, including but not limited to, School Senior Administration, Practice Managers, Billing Managers, Billing Coordinators, Dental Assistants, Patient Services Liaisons and any other personnel involved in the operations of a clinic or program.

University Risk and Compliance Committee: A Tufts University council of senior leaders (from various departments including: Finance, HR, Audit and Advisory Services, Legal Counsel, etc.) across the University, which is charged with providing leadership and support in promoting a culture of institutional compliance with regulatory matters. The TUSDM Compliance Committee has direct reporting responsibilities to the University Risk and Compliance Committee.

TUSDM Compliance Committee: A group of senior TUSDM faculty and administrators (and other parties as required) that is responsible for overseeing the implementation and administration of the Program.

Program: The Compliance Program described in these Guidelines.

Compliance Officer: Individual responsible for administering the Program.

2.) Objectives

TUSDM has established a formal institutional compliance program (the “Program”) to help ensure that medical and dental services billed to Medicare and other third party payers are

sufficiently documented and that such billing complies with applicable professional fee reimbursement regulations and guidelines and HIPAA requirements. Because of complex and ever-changing regulatory requirements, the Federal Government has encouraged health care providers to vigorously educate their employees and establish their own compliance program. The purpose of the Program is to:

- Demonstrate TUSDM's commitment to quality, integrity and excellence and its robust efforts to remain in compliance with applicable statutes, policies and regulations. Ensure that TUSDM is adhering to the TUSDM HIPAA Privacy and Security Programs.
- Ensure that adequate controls are available to detect and remediate problem areas in charting, documentation and billing practices.
- Improve awareness of Providers and Clinical and Administrative Staff with respect to billing regulations and guidelines and the ramifications, both individual and collective, of non-compliance with those regulations and guidelines.
- Create a mechanism to respond to compliance-related questions from, and provide relevant guidance to, Providers and Clinical and Administrative Staff.
- Reduce TUSDM's potential exposure to penalties and to damages that could result from a government investigation.
- Reduce the likelihood of "qui tam" (whistleblower) suits by establishing a mechanism for reporting concerns and potential violations.

The Program is based on the seven elements of a comprehensive compliance program that are outlined in the Federal Sentencing Guidelines. It will be administered by the Compliance Officer, with oversight by the TUSDM Dean, members of TUSDM senior administration and the TUSDM Compliance Committee. The Compliance Officer's current responsibilities are outlined in Attachment A (which may be updated by TUSDM from time-to-time, as conditions warrant).

The TUSDM Compliance Committee will advise and support the Compliance Officer in the implementation and execution of the Program and his/her general duties. The TUSDM Compliance Committee's composition and charge are outlined in Attachment B.

The specific steps which will be employed to implement the Program are described in the following sections of this document. However, the Program is intended to be modified from time to time as needed to adapt to changes in regulatory requirements.

3.) Oversight Responsibility

The first line of responsibility for ensuring compliance with the Program by individual Providers rests with the TUSDM senior faculty responsible for clinical operations (i.e., Department Chair, Associate Dean or program/division director).

TUSDM has designated personnel with the appropriate level of authority to implement, monitor and enforce the Program. The Compliance Committee reports to and is supported jointly by the Dean of TUSDM and the University Risk and Compliance Committee. This dual reporting relationship provides the TUSDM Compliance Committee with the independence it needs to report its findings and take necessary enforcement actions.

The University Risk and Compliance Committee is responsible for reviewing the quarterly Compliance report prepared by the Compliance Officer and if necessary, taking actions to support the efforts of the TUSDM Compliance Committee and the Compliance Officer to ensure compliance is being maintained.

4.) Compliance Procedures for Submitting Claims to Third Party Payers

All claims for third party payer reimbursements must indicate the correct codes for services provided. Medical/dental record documentation must support the codes indicated on the claims, and notes must be signed by the provider(s) who actually rendered the services. Claims must be submitted with the appropriate provider numbers. The following procedures have been implemented in support of these requirements:

- An educational session must be provided at every TUSDM clinic site or department. This session must occur at least annually and may be required more frequently on an as-needed basis.
- Proper faculty supervision must be provided to any resident, intern or student providing care. Patient records must be properly documented and attested to in order to support valid claims to third party payers.
- An audit of each Provider to evaluate compliance with third party payer claim requirements will occur twice during the first year of the Program, serving as a baseline. Thereafter, each Provider must be audited a minimum of once per year unless otherwise recommended by the Compliance Committee. The Compliance Officer or auditing representative will review a random sample of submitted charges and compare them to medical/dental record documentation for both inpatient and outpatient services.
- Each Provider must receive one-on-one feedback after each audit is complete. Remedial training must be provided as requested or deemed necessary.
- Ongoing education regarding new information/regulations for all Providers and Clinical and Administrative Staff must occur via conferences, presentations, quarterly updates and other means.

Program records shall be retained for a period of seven years. The Compliance Officer will retain all records of the TUSDM Compliance Committee including, but not limited to meeting agendas, meeting minutes, audit reports, and policies and procedures established and implemented by the Committee for seven years.

- Each Department Chairperson and/or Division Director, or their designees, will serve as the focal point for compliance-related communications and as a resource for other TUSDM professionals. See Attachment C.
- All audits conducted by an external auditing firm will be completed prospectively before patient bills are generated. Corrections, additions and deletions will be based upon audit findings prior to submission of the claim to a payer.

Billing issues will be discussed with any Provider whose charges are deemed non-compliant with the applicable standards. Upon the audit's completion, each Provider will sign a statement attesting that the results of the audit were discussed with him/her and that he/she shall comply with suggested corrective actions to maintain compliance with applicable regulations and guidelines.

- If significant non-compliance issues are identified, the assistance of legal counsel may be sought to provide guidance.

TUSDM's Compliance Officer will maintain a current file of the name of each Provider, and each member of the Clinical and Administrative Staff who has patient care or compliance responsibility.

5.) Enforcement and Discipline

TUSDM's Compliance Officer shall ensure that TUSDM's billing and documentation policies are current and disseminated. The Program guidelines will be updated and distributed to all employees, at least annually or when significant changes to the Program occur.

Delinquent and/or Incomplete Records

Provider shall document services rendered in patient chart at the time of the patient visit. Patient medical/dental records will be considered delinquent 24 hours after a patient's date of service if there is missing or incomplete information necessary to support the billing and coding of services to third party payers. If instances are detected of missing or incomplete records, the responsible provider will be subject to disciplinary action.

- All TUSDM clinical and administrative staff should understand that failure to comply with specified departmental and federal compliance documentation guidelines may result in disciplinary action. (For specific details regarding the disciplinary procedure, see Attachment C.)

- Non-compliance with the billing and documentation policies (including regular delinquency in submitting records) may result in immediate disciplinary measures up to and including termination of employment. Prior to any disciplinary actions for unintentional non-compliance with billing requirements, additional training will be provided.
- TUSDM's Compliance Officer will maintain records of all disciplinary actions resulting from compliance violations.

6.) Employee Training

Completion of regular training mandated by the Compliance Officer and the TUSDM Compliance Committee, as part of TUSDM's commitment to maintaining compliance, is **required** for all Providers and Clinical and Administrative Staff. The Compliance Officer will maintain records reflecting attendance at required training sessions. Failure to comply with the training requirement constitutes a reportable condition to the TUSDM Compliance Committee.

- All new TUSDM Providers and Clinical and Administrative Staff must meet with the Compliance Officer and/or his/her designee to review TUSDM's billing and documentation guidelines. Such meeting should occur prior to, but in no event more than 15 days after, such person's TUSDM start date. New Providers and Clinical and Administrative Staff will not be permitted to process third party payor claims until this mandatory training has occurred.
- The Compliance Officer, with input from the Compliance Committee, shall periodically review the effectiveness of Program training.

7.) Reporting of Violations

All Providers and Clinical and Administrative staff should direct their compliance questions and information about any TUSDM billing or collection activity to a supervisor or manager. In the event that a person believes that reported actions or behaviors are not being corrected and continue to be inconsistent with established TUSDM policies or regulatory requirements, the Compliance Officer should be notified either directly or via use of the University's anonymous reporting [Hotline](#) described below.

A confidential reporting hotline (1-866-384-4277), administered by EthicsPoint, has been established by the University to allow any interested party to anonymously report any concerns of impropriety, improper treatment, improper billing or other potential regulatory compliance issues. The web site for reporting such concerns can be reached by clicking the link: "[Hotline](#)".

TUSDM encourages employees to first consider reporting problems or concerns to their direct managers and encourages other interested or affected parties to first consider reporting problems or concerns to the TUSDM patient ombudsman.

The purpose of the reporting hotline is to provide an alternative channel for individuals who are not comfortable speaking directly with their immediate supervisors to report problems and concerns. The [Hotline](#) is intended to allow reporting of unsafe work conditions, potential fraud, compliance and regulatory violations, and improper or unethical conduct. Specific concerns pertaining to TUSDM billing compliance and related issues should be reported under the category “*Other Regulatory Compliance Matters*”.

All reports of suspected non-compliance will be investigated. A log will be maintained to track calls, complaints and follow-up action relating to hotline calls. Persons raising questions or reporting suspected non-compliant activities may request confidentiality and/or anonymity and such requests will be honored to the extent permitted by law. No retaliation against any person asking questions or reporting suspected violations of TUSDM policies or of federal/state laws, in good faith, shall be permitted or tolerated.

8.) Governmental Investigations

As investigations of billing compliance issues become more frequent nationally, the possibility exists that a government investigator representing the Department of Health and Human Services, the Office of the Inspector General, the FBI, the Massachusetts Department of Public Health or Massachusetts’s Medicaid Fraud Control Unit could come to TUSDM or the provider’s home to inquire about a provider’s billing practices.

Any TUSDM employee receiving such a visit, either at his/her practice site or at home, must follow the response plan outlined in Attachment.

9.) Program Maintenance

The Program will be reviewed regularly by the Compliance Committee to assess:

- Frequency of compliance violations.
- Whether the Compliance Officer has developed a productive relationship with the Department/Division/Practice sites.
- Whether educational tools are effective and lead to improved audit results.

The objective of the Program is to prevent, detect and correct violations. Its development and implementation should be viewed as a sign of TUSDM’s commitment to complying with federal and state law, regulations and guidelines.

Attachment A

COMPLIANCE OFFICER RESPONSIBILITIES

The key responsibilities of the Compliance Officer are as follows:

- Keep current on third party payers' billing rules and requirements.
- Formulate, and update annually as necessary, appropriate billing guidelines and policies relating to providers' billing of all professional fees, both medical and dental.
- Complete annual OIG verification for Providers and Clinical and Administrative Staff. Maintain records documenting the completion of the OIG verification.
- Develop appropriate training materials and programs to guide TUSDM's Providers and Clinical and Administrative Staff in the areas of claims billing and documentation.
- Perform routine professional training. Facilitate outside sources for education where appropriate. Provide training and education and spend time in each clinical area. For example in the clinical area the Compliance Officer may review practice/clinic operations, review use of patient care system, review chart/documentation notes and provide real time education.
- Work with an external auditing firm to conduct a baseline audit to determine TUSDM's current compliance with billing and documentation requirements and develop a work plan based on findings.
- Provide overall leadership for TUSDM's compliance effort. The office shall be recognized as:
 - a. the practice authority on Compliance and documentation issues
 - b. a resource for billing questions and concerns
- Arrange for cyclical chart audits to assure that appropriate documentation exists to support all TUSDM's billed charges. This activity will be conducted in partnership with an external auditing company and the internal practice management and billing teams.
- Develop appropriate action plans that clarify all rules and regulations addressing issues of non-compliance.
- Seek guidance from internal and/or outside legal counsel on an as-needed basis.

- Prepare quarterly reports for the TUSDM Dean and TUSDM Compliance Committee as well as the University Risk and Compliance Committee to whom it reports. The reports will:
 - a. Summarize the TUSDM's compliance efforts, and
 - b. Identify changes that can be implemented to enhance TUSDM's Compliance Program.
- Reply to all outside inquiries from government and/or other third party payors.
- Review, revise and update Institutional Compliance Program policies at least annually for approval by the TUSDM Compliance Committee and University Risk and Compliance Committee.
- Monitor, Audit and investigated any HIPAA related incidents- perform gap analysis annually.

Attachment B

COMPLIANCE OVERSIGHT COMMITTEE

A. Purpose:

- Provide a recognized forum to discuss ongoing compliance issues, update leadership on target areas and plan future interventions.
- Provide a forum for planning actions based upon review/audit process.
- Analyze, with the assistance of counsel as needed, legal and regulatory requirements which may pertain to TUSDM.
- Address existing policies and procedures pertaining to compliance with federal and state regulations.
- Work with appropriate Departments/Divisions and practice sites to develop standards and promote compliance.
- Recommend and monitor systems to carry out TUSDM's compliance efforts.
- Determine strategies and approach to promote compliance.
- Monitor and develop systems to solicit, evaluate and respond to complaints and to problems.

B. Membership:

Executive Associate Dean

Director, Audit and Management Advisory Services

Director, Finance and Administration

Director, Information Technology

Compliance Officer

Director, Practice Operations

A balanced combination of Junior Faculty, Division Heads/Program Directors or Department Chairs will serve as representation for the providers. These individuals will be selected by the Dean and serve a two year term.* The term of the appointments will be September 1-August 31.

*Note: For the inaugural term, three selected faculty will serve a two year term and three will serve a one year term, thus establishing a pattern of three changing over each year.

Dean, Ex-Officio Member

C. Areas of Discussion/Agenda:

- Report on Complaints
- Report on audit & educational activities.
- Review resident and fellow oversight practices
- Update on pre-payment third party audit requests

- Future plans

D. Documentation

- Meetings held monthly for first year; year two will be held quarterly. Minutes will be kept to document activities. An update will be provided to the University Risk and Compliance Committee quarterly or if there is a significant reportable finding.

Attachment C

ENFORCEMENT AND DISCIPLINE

TUSDM shall enforce its compliance standards and procedures through appropriate and consistent disciplinary mechanisms, as outlined below:

- A) Provider audit. If non-compliance is found (i.e., greater than 20% error rate), the Provider receives prompt one-on-one education and a re-audit occurs within thirty days. Error rate is defined as the percentage (20%) of audited claims billed at one level higher or lower than supporting documentation in record. It is expected that adequate documentation will be annotated with clear medical necessity.
- B) If re-audit at 60 days shows continued non-compliance, a formal warning is issued to the Provider. Compliance personnel will work with the Provider to re-educate and help place the practice in compliance. Information will be forwarded to the Compliance Committee for consideration.
- C) If continued non-compliance is detected it may result in the Provider being responsible to assume the cost for coder review. A remedial plan will be constructed. Any further non-compliance may result in loss of billing rights, suspension or may lead to termination and removal from the TUSDM practice.
- D) All Procedures and diagnostic testing will be subject to audit as above.
- E) A single medical record is deemed incomplete if it has any of the following: no signature, date missing, no assessment and plan or missing clinical documentation. Records are deemed to be incomplete 2 business days or more from the date of service. An exception to this rule may be made when the provider has indicated that he/she has dictated the note and it is pending.
- F) Please refer to the Completion of Medical Records Policy for appropriate time frame on completion of office visit documentation and diagnostic testing.

Table of Enforcement and Discipline Policy

Step	Audit Failure Penalties	Successful Audit – Re-audit Intervals
A	<ol style="list-style-type: none"> 1. Retraining 2. Step B re-audit in 30 days 	12 months
B	<ol style="list-style-type: none"> 1. Verbal warning 2. Retraining 3. Step C re-audit in 30 days 	12 months
C	<ol style="list-style-type: none"> 1. Provider fine of \$1,000 to be paid to TUSDM 2. Retraining 3. Step D re-audit in 30 days 	<ol style="list-style-type: none"> 1. Every 90 days for 1 year 2. After 1 year of successful audits, the provider will re-enter the process at Step A 3. A failure will result in Step C penalties
D	<ol style="list-style-type: none"> 1. Provider fine of \$2,000 to be paid to TUSDM 2. Written warning about potential suspension without pay 3. Retraining 4. Step E re-audit in 30 days 	<ol style="list-style-type: none"> 1. Every 90 days for 1 year 2. After 1 year of successful audits, the provider will re-enter the process at Step A 3. A failure will result in Step D penalties
E	<ol style="list-style-type: none"> 1. Suspension without pay for 1 week 2. Provider will have to attend a coding/documentation course at his/her expense 3. Retraining 4. Step F re-audit in 30 days 	<ol style="list-style-type: none"> 1. Every 30 days for 3 months then every 90 days for the next 9 months 2. After 1 year of successful audits, the provider will re-enter the process at Step A. 3. A failure will result in Step E penalties.
F	<ol style="list-style-type: none"> 1. Termination in accordance with provisions of the Compliance Program, University By-laws and Employment Agreements will be recommended to the Board of Directors 	<ol style="list-style-type: none"> 1. Every 30 days for 3 months then every 90 days for the next 9 months. 2. After 1 year of successful audits, the provider will re-enter the process at Step A. 3. A failure will result in Step F penalties.

Attachment D

EMPLOYEE RESPONSE TO GOVERNMENT INVESTIGATIONS AND/OR REQUESTS FOR INFORMATION OR DOCUMENTS

Policy

- TUSDM's policy requires that any employee contacted by a government agency immediately contact his/her direct supervisor. If possible, ask for the agent's identification and obtain pertinent information, including the agent's name, agency and office or other contact number.
- Immediately call the TUSDM Compliance Officer, Director of Audit and Advisory Management, Executive Associate Dean or Director of Finance & Administration.
- Employees cannot be compelled to speak with a government agent if they do not wish to do so, whether contact is made at the employee's home or elsewhere during non-work hours. Employees may choose to inform the agent that they would prefer to speak with the agent when an attorney or other witness/representative is present.
- TUSDM will provide you a representative to accompany you if and/or when you speak to investigators at a later date. You have the option to retain your own attorney at your expense.
- Employees are not authorized to give TUSDM documents (including documents you may have prepared at work) to any government regulator or agent. Any documents will be provided by TUSDM legal counsel, Compliance Officer or senior management. Personnel should immediately report a request for any information or documents to the TUSDM. Compliance Officer.
- If a government investigator presents a search warrant, you must allow the search to commence. However, you should immediately follow the notification steps outlined above. To protect TUSDM's interests, it is crucial that TUSDM's Compliance Officer is notified immediately.
- If a government investigator presents a subpoena for documents and/or other information, generally, the documents will not be required to be released immediately. Give the subpoena to your supervisor, or directly and quickly communicate with the Compliance Officer and/or with the Tufts University Office of University Counsel regarding response to the subpoena.

Attachment E

ACKNOWLEDGEMENT

I hereby acknowledge that I have received and reviewed the TUSDM's Compliance Program. I fully understand that, as an employee, I have an obligation to fully adhere to this plan and to its guiding principles.

I hereby acknowledge and affirm that:

- I fully understand TUSDM's Compliance Program and acknowledge my commitment and obligation to comply with it as a condition of my continued TUSDM employment.
- I acknowledge and agree to the authority of the Compliance Officer and the TUSDM Compliance Committee to enforce the TUSDM Compliance Program, and agree to be subject to the enforcement and discipline penalties described herein following any failure to comply.
- When I have a concern about a possible violation of TUSDM's Compliance Program, I will promptly report the concern to my direct supervisor or to TUSDM's Compliance Officer.

Employee's signature

Printed name of employee

Date