

## COMPLIANCE PLAN REPORTING REQUIREMENTS

The Compliance Plan requires physicians and staff to report to either the Department Chair, Department's Compliance Coordinators; the Compliance Officer, or the Compliance Auditor any potential wrongdoing that he/she believes to be inconsistent with the department policies or compliance requirements regarding billing and documentation. All faculty physicians and staff are required to report their good faith belief of any violation of the Compliance Plan. He/she may report the possible misconduct anonymously, either documented on a Reporting Form or verbally to the appropriate individual. All individuals are encouraged to report concerns freely without fear of adverse consequences. All individuals are encouraged to seek guidance if unsure about a policy or procedure or he/she needs additional educational training on compliance. The Governing Board will promptly investigate records of a suspected violation of the Compliance Plan.

An example of the reporting form is included in the Compliance Plan for reference. Reporting forms will be made available through the individual Department Compliance Coordinators.

# COMPLIANCE PLAN

## Reporting Form

The Civil False Claims Act deals with situations involving fraud and abuse. The law provides that all persons who report information for Medicare and Medicaid recipients be diligent in correctly describing services provided to the patient or third party payers. If a provider charges Medicare or Medicaid for services not provided, "upcodes" services to obtain higher reimbursement, or submits misleading data in order to receive compensation, these are considered a violation of the False Claims Act. If you know, or have reason to suspect that this may have occurred, or is occurring on an ongoing basis, the Governing Board encourages you to bring this information to its attention. This information will be treated confidentially. Any notification may be anonymous. The Governing Board encourages you to notify either your Department Chair or Compliance Coordinator verbally or in writing. If at any time you are unsatisfied or uncomfortable with notifying your Department's designated contacts, please contact the Compliance Officer by telephone or in writing. You may contact the Compliance Officer anonymously. You may use the following form to report your concerns.

The Compliance Officer's telephone number is 829 3176

Once an issue has been reported an investigation will be undertaken to determine the nature and extent of any violation(s).

To help us in our investigation please provide as much information as you possess.

This information will be treated confidentially. You will be contacted, if you give your name, on the final disposition of the investigation. If you choose not to give your name, please be sure that you give as much information as possible to direct our investigation.

- Print your name (optional): \_\_\_\_\_
- Signature (optional): \_\_\_\_\_
- Date: \_\_\_\_\_
  
- Name of individual who should be investigated.

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(Please print full name and, if known, address and telephone number).

- How do you believe that the person has violated the False Claims Act?
  1. Charged for services not rendered \_\_\_\_\_
  2. Upcoding \_\_\_\_\_
  3. Other \_\_\_\_\_

- Explain your concerns. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Con't)

- How did you become aware of the suspected fraud and abuse?

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- When did the suspected fraud or abuse begin? \_\_\_\_\_  
Has it ended? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

- If evidence is in your possession such as claim forms, letters or other documents please attach copies.

- If evidence is not in your possession can we obtain it at some location?

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- Are there witnesses who can support your claim? \_\_\_\_ Yes \_\_\_\_ No  
If there are, how can we contact them?

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- Have you reported your suspicions to anyone in your department? \_\_\_\_ Yes \_\_\_\_ No  
If you have, to whom? \_\_\_\_\_

**NOTE:** (optional) Should further information or clarification on the material provided on this form be required of if you wish to know the final disposition of our investigation, please provide an address or telephone number where we can reach you.

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Return this form to: Department Chair, Compliance Coordinator, or the  
Compliance Officer at 3435 Main Street, BEB 148, Buffalo, New York 14214-3013

## **Compliance Plan Enforcement and Prevention Policy**

**Purpose:** To set forth the procedures that will be utilized by the Governing Board to respond to reports by physicians or staff that a Faculty Practice Management Plan member or individuals employed by the Plan are engaging in an activity which is contrary to Medicare and Medicaid laws and guidelines. The policy is intended to reflect current recommendations.

### **INVESTIGATION:**

**Purpose:** To identify those situations in which the laws, rules, and regulations of the Medicare and Medicaid programs are not being followed. To identify individuals who are knowingly or inadvertently causing claims to be submitted in a manner that violates Medicare and Medicaid laws, rules and regulations and to facilitate the correction of practices not in compliance with this Compliance Plan and implement procedures necessary to insure future compliance.

### **CONTROL OF INVESTIGATION:**

All reports received shall be forwarded to the Compliance Auditor.

### **INVESTIGATIVE PROCESS:**

Upon receipt of a report, an investigation by the Compliance Auditor shall be started. Steps to be followed in undertaking an investigation include:

1. Notification of the VP for Health Affairs, Department Chair, and the Departmental Chief Operating Officer (COO) of the nature of the complaint.
2. The investigation shall begin as soon as reasonably possible.
3. An interview of the complainant, if known, and other persons who may have knowledge of the alleged problem.
4. The identification and review of bills or claims submitted to all payors, including Medicare/Medicaid programs, to determine the nature of the problem.
5. An interview of the individual(s) engaged in the conduct being investigated.
6. Interviews of departmental personnel who have relevant information shall be done by the Compliance Auditor.
7. Compliance Auditor prepares a report of investigation which is forwarded to the Compliance Committee, Department Chair and Compliance Officer.
8. If the Compliance Committee determines that there has been non-compliant behavior, it shall recommend to the Governing Board one or more of the following actions:
  - Immediately stop billing related to the problem in the Faculty Practice Management Plans until the offending practices are corrected.
  - Appropriate disciplinary action against the person or persons whose conduct appears to have been intentional will be initiated.

**OTHER NON-COMPLIANCE:**

In the event the investigation exposes billing problems, which do not appear to be intentional the following recommendations and actions will be taken to the Governing Board:

- a.) Immediate correction of the practice or procedure;
- b.) Action made with respect to the provider concerning the issue; c.) Calculate repayment amount to the governmental entity;
- d.) Promptly undertake a program of education at the Faculty Practice Management Plan to prevent future similar problems;
- e.) Recommend further investigation to the Governing Board.

Governing Board shall consider:

- a.) A response to the recommendation;
- b.) If any appropriate action can be taken;
- c.) Recommendations made by the VP for Health Affairs and the Dean of the Medical School.

## **COMPLIANCE PLAN MONITORING AND REVIEW POLICY**

### Annual Baseline Audit:

The initial series of audits are "baseline" audits. The Compliance Auditor will complete the baseline audit on a yearly basis. Baseline audits are designed to identify deficiencies in the billing and documentation process in order to develop strategies and educational sessions, which will increase compliance activities.

- (a) Analyze phases of claim development and submission process from patient registration through billing.
- (b) The Compliance Auditor will review requested medical records and related documentation.
- (c) Identify process strengths, weaknesses and inadequate training of faculty physicians and staff.
- (d) Prepare educational sessions to provide feedback to the department.
- (e) Disseminate resource material on compliance to the department.
- (f) Billing process review will be implemented to ensure that claims are consistent with the supporting information as well as specific government and carrier billing requirements.
- (g) Findings in report form will be generated by the Compliance Auditor to assist the Department Chair, faculty physicians, and department staff to identify areas of non-compliance, develop education programs and specific recommendations.

### Follow-Up Audit:

The Compliance Auditor will complete the follow-up audit six months after the baseline audit when a physician has a compliance rate below 80% on their baseline audit and/or by request of the Compliance Committee. The Compliance Auditor will review 5 records for each physician in a practice plan below the 80% compliance rate. Follow-up audits are designed to also identify deficiencies in the billing and documentation process. The same steps outlined for the baseline audit are followed by the Compliance Auditor for follow-up audits.

### Established Physician - Periodic Audit:

Conducted by the Compliance Coordinator on a department specific basis designed to monitor compliance with applicable Medicare and Medicaid program requirements for documentation, coding and billing processes.

- (a) The Department Compliance Coordinator will review at least 2% of claims the department submitted for each physician during the past year or twenty claims, whichever is less; provided however, claims will be reviewed more frequently than on an annual basis and at least 10 records will be reviewed for each physician during the first 6 months of each calendar year.
- (b) If the review indicates no problems then step (a) above will be followed each year thereafter.
- (c) The periodic audit process includes a mechanism for providing feedback to the Department Chair, faculty physicians and staff involved in various parts of the claim submission process to ensure that identified problems are promptly corrected.

**(Con't) COMPLIANCE PLAN MONITORING AND REVIEW POLICY:**

Faculty Member Audit during the first year of appointment:

- (a) Prior to submitting bills, the Compliance Coordinator will review the first 10 claims and at least the first 5 claims where services were rendered in which residents have participated in the care of the patient, as such claims became available. The Coordinator will review the claims submitted for accuracy by comparing the code billed to the patients' medical record, in order to ensure that the documentation substantiates the level of care provided.
- (b) If the review indicates there are no problems, then six months later repeat (a) above. If the review indicates lack of compliance, then three months later repeat (a) above. Follow up on the review will be rendered as necessary.

Request Audit:

This type of audit responds to an issue or concern that has been raised within the department(s).

- (a) The Compliance Auditor will determine if an issue or concern raised needs to be addressed.
- (b) The Compliance Auditor will conduct a review of the department's medical records and bills after discussing the issue with the Department Chair, faculty physicians and staff involved with the issues raised.
- (c) The Compliance Auditor will review applicable laws and regulations with the department and provide assistance to the department in order to rectify the problem with faculty physicians and staff.
- (d) A report will be generated by the Compliance Auditor and forwarded to the Compliance Committee of the Governing Board for discussion and a decision to be determined for the appropriate course of action to be followed by the department.
- (e) Follow-up review will be implemented within three months to ensure that problems have been resolved or determine whether further assistance is needed.

## COMPLIANCE PLAN MONITORING AND REVIEW PROCESS

The Compliance Auditor shall monitor and review medical records and corresponding billing information for each department for compliance with the Compliance Plan policies. The Compliance Auditor shall perform a pre-payment baseline audit and pre-payment follow-up audit of each physician annually.

**Purpose:** To assist the Governing Board in:

- a.) Documenting compliance with billing and related laws and regulations;
- b.) Identifying and addressing areas of noncompliance;
- c.) Assessing the effectiveness of corrective actions;
- d.) Verifying physician compliance with coding responsibilities.

**Process:**

1. The Compliance Auditor will schedule a review with the Faculty Practice Management Plan and confirm it with all parties of the audit 24-48 hours prior to it taking place.
2. The Compliance Auditor will select a random sample of 10 pre-payment encounter forms and medical records for each physician in the practice plan to be pulled by departmental personnel.
3. The requirement of the Department will be to gather all available information and necessary documentation relating to the claims, including the encounter form and the patient medical record.
4. The Compliance Auditor will verify that all encounter forms match with the appropriate records before the review begins.
5. The Compliance Auditor will review documentation utilizing audit forms, documenting level of compliance, all discrepancies between the encounter form submitted to the biller and documentation in the medical record supporting the claim.

**Review:**

1. The Compliance Auditor shall verify documentation for medical necessity for the services performed.
2. Assure that all tests billed by the physician were actually ordered by the physician and/or the test was performed.
3. Verify required documentation on the claim supports but is not limited to:
  - Identification of the physician who provided the actual service.
  - The CPT procedure code matches the ICD-9 CM diagnosis code
  - Valid codes are utilized by the department.
4. Ensure appropriate codes are being utilized for purposes of establishing medical necessity.
5. Monitor that encounter forms are specific to the needs of the department and lists all E&M level exam codes.

**Post Review:**

1. The Compliance Auditor will prepare findings in a simple, readable format.
2. If any reviews identify instances of possible non-compliance, the Compliance Auditor shall report them to the individual out of compliance in report form, to the Department Compliance Coordinator, the Department Chair and the Compliance Officer. The Governing Board of the Faculty Practice Management Plans will be advised on the general findings discovered from reviews of the faculty physicians and actions taken to correct non-compliance.
3. All records and encounter forms that fail to meet the review criteria will be copied and reviewed by the Compliance Officer.