

Departmental Compliance Coordinators Responsibilities

Each Department Chair shall designate a Compliance Coordinator:

- The designated Coordinator of the clinical department ensures compliance is maintained within that specific department.

- Responsible for updating and reviewing; new departmental compliance guidelines, rules and regulations as necessary for training and educating departmental faculty physicians and staff.

- Completion of periodic audit reviews of departmental records and billings.

- Act as resource for physicians and staff of the clinical department in order to enhance compliance in coordination with the compliance plan and all applicable laws and regulations.

- To report to the Department chair any identification of problems for corrective action and prevention of recurrence.

Internal Practice Plan Audit Compliance Policy

Each practice plan Compliance Coordinator shall conduct audits in accordance with the Monitoring and Review Policy of this Compliance Plan (refer to pg.20 Established Physician Periodic Audit). A practice plan internal audit report form of the review shall be completed and sent to the Compliance Committee via the Compliance Officer (see attachment I). The report shall summarize the findings of the record reviews and be signed by the Compliance Coordinator and the FPMP Chair.

Record reviews need to be based on criteria established by CMS and OIG. Basic criteria includes:

- Each note by attending for Part B billing documents must specify if patient was seen by attending, specific findings are noted and a specific plan is stated.
- Resident involvement noted by attending. Use of a check box may be added to encounter ticket in order to track resident involvement on case.

FPMP Governing Board recommendation:

- Each note written by resident is co-signed by attending. All residents notes should be co- signed whether Part B billing or not.

Practice Plan Audit Report

Name of Practice Plan
 Physician reviewed (give # identifier only)
 Site reviewed
 Date of review
 Retrospective or Prospective Audit (Circle type)

Completed By:

Record #	DOS	Type of Serv.	I=Inpatient O=Outpatient	CPT Code billed	Audited CPT code	Reviewer's Findings/Comments	Findings/Comment Code Numbers
							1.Code assigned not supported by documentation (coded/billed higher than documented)
							2.Code assigned not supported by documentation (coded/billed lower than documented)
							3.No documentation to support billed charge
							4.Interpretation service billed but no report found
							5. Physician at Teaching Hosp. (PATH) not followed - nonbillable
							6. Wrong category CPT code
							7. Patient status inaccurate
							8. Billed service part of global period.
							9. No Physician Signature
							10.Modifier not assigned, but appropriate
							11.Modifier used, not appropriate
							12.Teaching physician modifier not assigned or inappropriate
							13. ICD-9-CM code inaccuracy, or missing secondary codes
							14. Other

Recommendations/Plan of Action:

Cc: Compliance Committee Chair