

# Health Care Integrity Program Compliance Manual

Adopted: March 16, 1998 Health Care Integrity Program Compliance Manual  
Revised: December 31, 2006 Page 1 of 7  
Reviewed: Compliance Policy 00-03

## **POLICY STATEMENT**

The University of Chicago Medical Center (the "Medical Center") requires all Medical Center representatives responsible for billing for health care services (including its physicians, residents, employees, Officers and agents (and employees of the Medical Center's affiliated and subsidiary organizations) ("Representatives") to act in a legal manner, consistent with all applicable governmental standards and requirements. This Integrity Program (the "Program") is designed to enhance and further demonstrate the Medical Center's commitment to achieve awareness of and compliance with governmental and legal requirements, in accordance with the five Pride Values of respect, honesty, excellence, participation and unity.

It is the responsibility of each Representative to comply with this Program. This Program establishes a framework for compliance with health care laws by the Medical Center. It is not intended to set forth all of the substantive programs and practices of the Medical Center that are designed to achieve compliance. The Medical Center already maintains various compliance practices and those practices continue to be part of its overall legal compliance effort.

## **PURPOSES AND OBJECTIVES OF THE PROGRAM**

The purposes and objectives of this Program are to:

- (1) establish standards and procedures to be followed by all Representatives to effect compliance with applicable federal, state and local health care laws, regulations, and ordinances;
- (2) designate a Medical Center compliance officer responsible for directing the effort to enhance compliance, including implementation of this Program;
- (3) document the Medical Center's compliance efforts;
- (4) ensure Discretionary Authority is not given to inappropriate persons;
- (5) ensure that the Medical Center does not knowingly employ or contract with, whether or not for compensation, any individual or entity listed by a federal agency as excluded, debarred, suspended or otherwise ineligible to participate in federal or federally funded

programs, including the Medicare, Medicaid and CHAMPUS programs;

- (6) provide a means for communicating to all Representatives the standards and procedures all are expected to follow;
- (7) establish minimum standards for billing and collection activities, including a system of monitoring and oversight of billing activity to ensure adherence to the standards and procedures established, and repayment in the event that billing procedures are determined not to comply with applicable billing standards and procedures;
- (8) provide a means for reporting questionable billing activities to the Medical Center;
- (9) provide for the verification of compliance with this Program through monitoring and audits performed through or at the request of legal counsel;
- (10) provide a mechanism to investigate any alleged violations and to prevent violations in the future;
- (11) increase training of Representatives concerning applicable billing requirements;
- (12) provide for regular review of overall Medical Center compliance efforts in coordination with the UC Program and applicable UCPG policies and procedures to ensure that practices reflect current requirements and that other adjustments are made to improve this Program; and
- (13) appoint a Compliance Committee/Task Force, comprised of representatives of the Hospitals and the University, including physicians, to provide for regular review of overall Medical Center compliance efforts.

#### **SCOPE AND IMPLEMENTATION OF THE PROGRAM**

This Program represents the policy adopted by the respective Boards of Trustees of the Hospitals and the University. All Representatives are required to participate in this Program.

##### **A. Duties and Responsibilities of the Compliance Officer:**

The Compliance Officer shall:

1. be responsible for the functioning of this Program in his/her area of responsibility and ensure communication of the standards and procedures of this Program to each Representative;
2. ensure that every Representative involved in the billing process (including attending physicians and residents) attends a presentation regarding this Program at least annually;
3. encourage every Representative to report all possible illegal or otherwise improper conduct to the Compliance Officer;
4. assure compliance with this Program;
5. promptly investigate any reports of possible illegal or improper conduct received;
6. ensure that regular chart reviews/ billing audits are conducted to identify and correct any errors in billing or possible improper billing, and identify and promptly remedy any trends of errors or possible improper billing;
7. ensure that all audits, investigations, records, and compliance proceedings of the Medical Center be reported or available to the Compliance Officer;
8. as the designated representative of the University and the Medical Center, make reports from and to each entity, and, as appropriate, provide information directly to the legal counsel for the Medical Center;
9. make reports to the Compliance Committee; and
10. acting on behalf of the Medical Center annually certify substantial compliance with this Program to the Compliance Officer's best knowledge.

#### B. Compliance Committee

The Compliance Committee shall meet at least quarterly to review the overall compliance effort, to address issues identified by the Compliance Officer, and to suggest appropriate education and training activities and materials for all Representatives. The Compliance Committee shall report to the respective Board of Trustees of the University and the Hospitals.

#### C. Compliance Standards

The Compliance Officer shall ensure that guidelines, policies and procedures for implementation of and compliance with this Program are adopted, and that

copies of all relevant materials are provided to all Representatives. In particular, guidelines describing the justification and documentation requirements for Medicare, Medicaid and Champus billing for physician services, and submission of claims, shall be provided to all Representatives. (See Attachment A, Policy on Physical Presence Requirements, Evaluation and Management Coding, Chart Documentation).

## **REPORTING AND INVESTIGATION OF POTENTIAL VIOLATIONS OF THE PROGRAM**

### **A. Reporting Violations**

Any Representative may report instances of possible illegal or improper conduct directly to the Compliance Officer. To facilitate prompt follow-up, reports may be made by telephone. The Medical Center shall establish a mechanism to receive reports of possible illegal or improper conduct from any Representative or other persons, as well as provide an access point for persons to receive information or ask questions concerning the Program. Such reports may be anonymous; however, informants are encouraged to provide as much information as possible, including their names, in order to facilitate investigation of all allegations. Failure to report knowledge of wrongdoing may itself result in disciplinary action. Any manager or supervisor receiving a report of possible illegal or improper conduct must immediately advise the Compliance Officer.

### **B. No Retaliation**

No adverse action or any form of retaliation shall be taken by the Medical Center against any person because of that person's good faith report of possible illegal or improper conduct.

### **C. Investigating Reports of Possible Illegal or Improper Conduct**

1. Upon receiving a report of possible illegal or improper conduct, the Compliance Officer shall promptly initiate an investigation. The Compliance Officer may consult with legal counsel, who may in some cases conduct an investigation. Investigations may also be conducted jointly by the Hospitals and the University.
2. A complete and accurate record of each investigation, including recommendations for corrective action, shall be maintained by the Compliance Officer for a period of six years.
3. Upon the conclusion of an investigation, the Compliance Officer will recommend corrective action to the Board(s), if appropriate.

### **D. Corrective Action**

The goal of this Program is to detect and promptly correct activity, which does not comply with the standards adopted pursuant to this Program. Attempts

should always be made to discuss and resolve issues in cooperation with the persons involved. Nonetheless, illegal or improper conduct shall be dealt with promptly, and shall be reported to the authorities when appropriate.

Appropriate corrective action should be consistent with the nature of the conduct and the surrounding circumstances and may include a requirement that future billing be handled in a designated way, additional training and education take place, or that restrictions be placed on billing by certain providers. In all cases, a determination of any required charge correction or repayment shall be made.

E. Limited Disclosure

The identity of any person who reports any possible illegal or improper conduct to the Compliance Officer shall be disclosed, to the extent practical, only on a need to know basis except as required by law. Disclosure of reports of possible illegal or improper conduct shall be made, to the extent practical, only on a need to know basis or as required by law. Unauthorized disclosure of information may be grounds for appropriate disciplinary action.

## **EDUCATION AND TRAINING**

- A. The Compliance Officer shall ensure that every Representative receives a copy of this Compliance Plan, and attends at least one and one-half hours of compliance training annually, either sponsored or approved by the Office of Medical Center Compliance.
- B. Additional in-service training may be provided to each health care provider and to Medical Center coding, billing and reimbursement personnel.
- C. The Compliance Officer shall ensure that every new Representative of the Medical Center receives a copy of this Plan upon his or her initial employment, appointment or engagement and at least one and one-half hours of training in this Program within forty - five days of his or her initial employment, appointment, or engagement by the Medical Center.

## **MONITORING AND AUDITING**

- A. Each health care provider of the Medical Center, by and through the Medical Center, shall be directly responsible for the accurate and complete billing of provider services provided to the Medical Center's patients. Accordingly, the Medical Center shall conduct its own periodic internal audit of its billing activities, which need not include the rendering of an opinion or attestation by an independent auditor. The Medical Center shall submit its billing audit plan to the Compliance Officer for approval. Any audit plan of the Medical Center's billing activities shall include the following:

1. interviews with key providers;
2. interviews with records staff;

3. interviews with billing personnel;
  4. selection of a random sample of the Medical Center's billings; and
  5. the review and evaluation of documentation for evidence of compliance with physical presence rules and appropriateness of the evaluation and management codes, if applicable.
- B. The Compliance Officer shall monitor the compliance efforts of the Medical Center to implement the provisions of this Program. The Compliance Officer shall verify annually in writing to the Board that the Medical Center has:
1. established compliance standards and procedures that are reasonably capable of reducing the prospect of illegal conduct;
  2. designated specific individuals with a sufficient level of authority to oversee compliance with the compliance standards and procedures adopted by the Medical Center;
  3. not delegated Discretionary Authority to individuals who have previously shown a propensity to engage in illegal conduct;
  4. communicated effectively the standards and procedures to be followed by Representatives, and established a mechanism to report possible illegal conduct without retribution;
  5. used monitoring and auditing systems reasonably designed to detect illegal activities; and achieved substantial compliance with the applicable standards and procedures to the best of the Compliance Officer's knowledge;
  6. consistently enforced appropriate disciplinary mechanisms for responsible individuals who commit illegal acts or who are responsible to and fail to detect illegal conduct;
  7. implemented effective compliance practices to prevent reoccurrence of illegal or improper conduct; responded appropriately to any reports of possible illegal or improper conduct; and modified standards and procedures as necessary to achieve compliance; and
  8. substantially complied with its approved audit plan as submitted.

#### **AUTHORITY**

Discretionary Authority. The Medical Center shall not appoint any person who the Medical Center knows has intentionally engaged in illegal billing activities to

a position in which the person will have Discretionary Authority, and the Medical Center shall take reasonable steps to verify that applicants for positions requiring the exercise of Discretionary Authority have no history of illegal activity.

## **DEFINITIONS**

For purposes of this Manual, the following definitions apply:

Compliance Officer is the responsible compliance official for The University of Chicago Medical Center. The duties and responsibilities of the Compliance Officer are specified in his/her job description.

Representative means any person employed by or held out as an agent of the Medical Center, and responsible for any component of the billing process, including the rendering of billable professional services.

Discretionary Authority means the power to make decisions regarding the creation, submission, coding or billing of any claim, including the creation, generation or preparation of underlying documentation to support a claim for services rendered by the Medical Center.

## **CONCLUSION**

It is the intent of the Medical Center to deal honestly and fairly with patients, suppliers, payors and employees, as well as with academic and professional staff. Good faith compliance with all provisions of this Program by Employees and Representatives is essential. Only through a commitment to honesty, integrity and openness can the Medical Center achieve the purposes and objectives of this Program. Continual compliance with all applicable federal and state health care laws, regulations and rules is mandatory.

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