Columbia University Billing Compliance Plan

Introduction

The Columbia University Irving Medical Center (the "University") has an ongoing commitment to ensuring that its affairs are conducted in accordance with applicable law. The University also has a strong interest in making certain that its faculty and employees are fully informed about applicable laws and regulations so that they do not inadvertently engage in conduct that may raise compliance issues. Of particular concern, given the fact that many Faculty engage in clinical practice, are legal requirements relating to professional fee billing. Compliance in this area is challenging because the regulatory requirements governing professional fee reimbursement are complex and changing. To further its commitment to compliance and to protect its employees, the University has adopted a formal compliance plan to address professional fee reimbursement. This plan results from the work of the Steering Committee, consisting of representatives of the Dean's Office, Internal Audit, General Counsel's Office, faculty, and departmental and other administrators. The compliance plan has the following key features:

- Designation of University officials responsible for directing the effort to enhance compliance, including implementation of the Plan;
- Incorporation of standards and policies that guide University personnel and others involved with the billing process with regard to professional fee billing;
- Development of compliance initiatives at the Department level, with compliance used as an element in evaluating the performance of managers and supervisors responsible for billing;
- Coordinated training of clinical staff and billing personnel concerning applicable billing requirements and University policies;
- A uniform mechanism for employees to raise questions and receive appropriate guidance concerning professional fee billing;
- Regular chart and billing reviews to assess compliance, to identify issues requiring further education, and to identify potential problems;
- A process, including a hotline for anonymous complaints, for employees to report possible compliance issues and for such reports to be fully and independently reviewed;
- Formulation of corrective action plans to address any compliance problems that are identified; and
- Regular reviews of the overall compliance effort to ensure that billing practices reflect current requirements and that other adjustments are made to improve the program.

The compliance program described in this document establishes a framework for legal compliance by the University and its employees. It does not set forth all of the substantive programs and practices of the University that are designed to achieve compliance. The University maintains various compliance practices and those practices continue to be a part of its overall legal compliance efforts.
Scope

The provisions of this Plan apply not only to University faculty and employees but also to house staff, fellows and to any persons and organizations who are involved in professional fee billing for University faculty. The Plan applies to billing for clinical activity by full-time and part-time faculty for which the professional fee revenues either flow through University accounts or are subjected to an academic assessment by the University. As used in this plan, the term "billing personnel" includes all persons or entities, including external billing companies, who assist or handle professional fee billing for clinical services as set forth in the preceding sentence.

Administrative Responsibility

The Chief Compliance Officer, who is a senior administrator designated by the Executive Vice President for Health and Biomedical Sciences and Dean of the Faculties of Medicine and Health Sciences, has primary responsibility for implementing and managing the University's compliance effort. The Dean designates the Chief Compliance Officer, and on matters of compliance, the Chief Compliance Officer reports to the Dean through the Senior Associate Dean for Clinical Affairs, who serves as Billing Compliance Medical Director. The Chief Compliance Officer is authorized to report directly to the Dean, the President of Columbia and the Board of Trustees. The Chief Compliance Officer also reports to the Executive Vice President for Finance, who reports to the Audit Committee of the Committee on Finance of the University's Trustees on these matters. The Chief Compliance Officer, with the assistance of the Billing Compliance Medical Director and University counsel where appropriate, performs the following activities:

1. Assists in the review, revision, and formulation of appropriate policies to guide billing of professional fees for services provided by University faculty;

2. Works with Departments and faculty to develop plans for implementing University policies on billing;

3. Assists in developing and delivering educational and training programs;

4. Works with Schools, Departments and faculty to develop and/or enhance billing expertise and to facilitate Department based training programs;

5. Coordinates reviews of medical charts and associated billings; and

6. Provides other assistance as directed by the Chief Compliance Officer.

The Chief Compliance Officer works closely with representatives of the Departments and any entities or individuals who handle professional fee billing for the University’s faculty to foster and enhance compliance with all applicable billing requirements. To assist the overall compliance effort, the Steering Committee meets periodically under the direction of the Chief Compliance Officer in an advisory capacity.
Policy Guidelines

The policy of Columbia University is to bill only for professional services actually provided. The University recognizes that special billing requirements may apply to certain government-sponsored programs or to other providers; any such requirements must be followed. In selecting codes to describe services rendered, University clinicians, other health professionals, and billing personnel are to select codes that they believe, in good faith, correspond to services actually rendered, as documented in the medical record. University clinicians, other health professionals, and billing personnel have a collective responsibility to be knowledgeable about the meaning of the codes applicable to their area of practice, including relevant directives from billing authorities.

- University clinicians, other health professionals, and billing personnel should never submit a claim that is known to contain inaccurate information concerning the service provided, the charges, the identity of the provider, the date of service, the place of service, or the identity of the patient.

- When in doubt about how to bill a particular service, including the proper code to use, no claim should be submitted until appropriate guidance is obtained from departmental compliance leaders or from the Director of Compliance. The resolution of any such billing questions should be documented in writing.

- It is the responsibility of the billing clinician or other health professional to ensure that appropriate documentation supports the claim being submitted.

To guide clinicians, other health professionals and billing personnel in meeting these objectives, the Chief Compliance Officer shall, with the assistance of legal counsel, review existing policy statements, revise those statements as necessary, and develop any additional statements that seem advisable. University policies concerning billing, as those policies may be changed periodically, should be considered an integral part of this Plan. University employees are also expected to adhere to the Health Sciences’ records retention policy for clinical services and to codes of conduct generally applicable to personnel at the Health Sciences, including those provided in the University’s Faculty Handbook and its personnel policies.

Departmental Implementation Plans

Each clinical department shall appoint a faculty member and a Departmental Implementation Plans administrator to serve as the compliance leaders for departmental billing activities. The departmental compliance leaders will coordinate departmental compliance activities with the Chief Compliance Officer and the Director. There should be regular contact with the compliance leaders about matters of common interest. Department compliance leaders and department compliance staff report to both their department and to the Office of Billing Compliance on compliance matters.

Each clinical department must prepare a plan to address compliance efforts on a departmental basis. Large departments may also choose to develop plans for specific divisions. Before becoming effective, such plans should be reviewed by the Chief Compliance Officer to ensure consistency with overall policies. If there are concerns about the content of any departmental plan, the Chief Compliance Officer should consult with the Department Chair to explore whether the plan can be modified through mutual
agreement. If such consultations fail to resolve the concerns, the Chief Compliance Officer may recommend that the Dean modify the department’s implementation plan.

The departmental (or divisional) implementation plans shall, at a minimum, include the following features:

1. written policies and procedures for billing activities undertaken by departmental personnel;
2. educational and training programs to address billing issues of particular importance to the department;
3. a program for ensuring, and documenting, that all new department personnel, including faculty and house staff, receive training with regard to proper billing;
4. a program for routine "spot checks" of departmental billing to review compliance, with the results of such reviews being reported to the department’s compliance leader and to the Director of Compliance;
5. a system that tracks billing or compliance issues that have been raised within the Department and the resolution of those issues, reporting to the Office of Billing Compliance;
6. the use of compliance as an element in evaluating the performance of managers and supervisors who have responsibility for billing;
7. an annual review of the existing compliance plan in order to identify the need for changes and to identify specific compliance objectives during the succeeding year; and
8. a program for developing corrective action plans whenever compliance issues are identified.

Departments or Divisions must have the advance review and approval of the Chief Compliance Officer prior to engaging any outside billing consultant or other entities involved in billing, coding, collections or related activities and must provide a copy of any reports prepared by such consultants or other entities. Departments, Divisions and individuals covered by this Plan must promptly report all contacts by government agencies and other third parties concerning billing matters to the Chief Compliance Officer. Any person covered by this Plan who is or becomes the subject of a proceeding which could result in exclusion from Medicare or other government programs must promptly disclose that information to the Chief Compliance Officer.

**Education and Training**

The Director of Compliance is responsible for ensuring that the University policies concerning billing are disseminated and explained to faculty and billing personnel. To accomplish that objective, the Director works with the Chief Compliance Officer, the Departments, and any other individuals or entities that handle professional fee billing for University faculty to ensure that there is a systematic and ongoing training program that enhances and maintains awareness of billing policies among existing staff and that introduces new personnel to University billing policies. All training materials directed to billing issues is submitted to the Director for review.

All clinicians and billing personnel should participate in training about billing issues and the Director, working in concert with the Departments, maintains a system to document that such training has
occurred. Moreover, if a concern develops about particular billing issues, the Chief Compliance Officer may direct that clinicians and/or billing personnel attend training sessions on particular issues. The training materials will identify the specific individuals who should be contacted by clinicians or billing personnel about billing questions.

**Monitoring**

Under the supervision of the Director of Compliance, a sample of medical records and corresponding bills for each department and division is periodically reviewed for compliance with the University's billing policies and with legal requirements. Each department is reviewed at least annually, but the Director may require more frequent reviews. The results of such reviews are reported to the Chief Compliance Officer, to the Chair, to the department’s compliance leaders, and to the University’s Internal Auditor. The University's Internal Auditor, as appropriate, performs independent reviews and reports the results of such reviews to the Chief Compliance Officer and to the Steering Committee, as well as to other relevant senior administrators. Moreover, the Chief Compliance Officer may, after consultation with legal counsel for the University, engage an external billing expert or auditor to review records for a particular department or drawn from a cross-section of departments.

If any of these reviews identify instances of possible non-compliance, the Director reports that fact to the Chief Compliance Officer, the Chair for the department whose billings are at issue, and to legal counsel for the University. In consultation with legal counsel, the Chief Compliance Officer reviews the situation to determine whether there appears to have been any activity inconsistent with University policies.

**Reporting Compliance Issues**

As a general matter, questions about billing issues should be presented initially to one of the departmental compliance leaders. The training materials also informs University employees and billing personnel that they may report to the Office of Billing Compliance or the Director any activity that they believe to be inconsistent with University policies or legal requirements regarding billing. The materials explains how those persons can be contacted. Employees who report in good faith possible compliance issues are not subjected to retaliation or harassment as a result of the report. Concerns about possible retaliation or harassment should be reported to the Director.

The Director maintains a log of compliance concerns that are reported directly to the Chief Compliance Officer or to the Director. This log records the issue, the departments or divisions affected and the resolution. Each month, a copy of this log is provided to the Chief Compliance Officer and each quarter to the University’s internal auditor. The log reports should note any issues that remain open. This log should be treated as a confidential document and access should be limited to those persons at the University who have responsibility for compliance matters.

A hotline for the submission of anonymous complaints about billing compliance is monitored each business day by Office for Billing Compliance personnel.

**Investigating Compliance Issues**

Whenever conduct that may be inconsistent with a billing policy or requirement is reported to the Director of Compliance, the matter should be referred to the Chief Compliance Officer. If the Chief
Compliance Officer determines that there is reasonable cause to believe that a compliance issue may exist, an inquiry into the matter is undertaken with appropriate assistance from the Office of General Counsel and the University’s Internal Auditor. Upon completion of the inquiry, a written report is prepared, and copies of the report are provided to the Office of General Counsel and to the Internal Auditor. University employees should cooperate fully with any inquiries undertaken by the Chief Compliance Officer, the Office of General Counsel, or the University’s Internal Auditor. To the extent practical and appropriate, efforts should be made to maintain the confidentiality of such inquiries and the information gathered.

Nothing in this Plan shall limit the authority of the University’s Internal Auditor to conduct investigations or to act on his or her own initiative.

**Corrective Action Plans**

Whenever a compliance issue has been identified, through monitoring, reporting of possible issues, investigations, or otherwise, the Chief Compliance Officer has the responsibility and authority to take or direct appropriate action to address that issue. The corrective action will be set forth in a written plan. In developing a corrective action plan, the Chief Compliance Officer should obtain advice and guidance from the University’s legal counsel. There should also be consultation with the Director and with appropriate clinical and billing personnel. Copies of corrective action plans should be provided to the Dean, the Office of General Counsel and to the Internal Auditor.

Corrective action plans should be designed to ensure not only that the specific issue is addressed but also that similar problems do not occur in other areas or departments. Corrective action plans may require that billing be handled in a designated way, that billing responsibility be reassigned, that certain training take place, that billing restrictions be imposed on particular physicians or other health professionals, or that the matter be disclosed externally. The Chief Compliance Officer may direct that refunds be made. If it appears that certain individuals have exhibited a propensity to engage in practices that raise compliance concerns, the corrective action plan should identify actions that will be taken to prevent such individuals from exercising substantial discretion with regard to billing.

A corrective action plan may recommend that the Dean impose a sanction or disciplinary action. Moreover, if the Chief Compliance Officer determines that any non-compliance has been willful, the Dean should be informed of that finding. University employees who have engaged in willful misconduct will be subject to disciplinary action in accordance with University process, including termination. A policy to address hiring and retention of persons who have been sanctioned by Medicare or another government program has been established.

**Revisions to this Plan**

This Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the health care system as a whole. The Plan is regularly reviewed to assess whether it is working. The Plan is changed as experience shows that a certain approach is not effective or suggests a better alternative. Recommendations for revisions to the Plan are suggested by representatives of the Dean’s Office, Internal Audit, General Counsel’s Office, faculty, and departmental and other administrators. Recommendations are considered by the Steering Committee and, if approved by the Steering Committee, are referred to the University’s Trustees for inclusion in the Plan.