University of Tennessee Health Science Center

Clinical Practices
Billing Compliance and Patient Privacy
Program and Policies

December 2007

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Clinical Practices
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Program and Policies

List of Abbreviations

Clinical Practices Billing Compliance and Patient Privacy Office	Compliance Office
Clinical Practices Billing Compliance and Patient Privacy Officer	CO
Clinical Practices Billing Compliance and Patient Privacy Oversight Committee	Compliance Committee
Clinical Practices Billing Compliance and Patient Privacy Program	Compliance Program
Office of General Counsel for The University of Tennessee.	Legal Counsel
University of Tennessee Health Science Center	University

Preamble

The University of Tennessee Health Science Center (University) has consistently demonstrated a strong and abiding commitment to compliance with all applicable laws affecting health care billing and patient privacy in an academic medical practice setting. The adoption of this program represents the commitment of the University to billing compliance and patient privacy for clinical practices.

The Clinical Practices Billing Compliance and Patient Privacy Program (Compliance Program) described herein establishes a framework for legal compliance to be used by the University. It is not intended to set forth all of the substantive programs and practices of the University that are designed to achieve compliance. The University maintains various compliance practices that continue to be an integral part of our overall legal billing compliance and patient privacy program.

This program is not a contract with any individual or entity and does not confer any rights upon any individual or entity. The University may change this Compliance Program at any time.

Purpose

The Compliance Program is designed to:

- Promote an ethical workplace that encourages compliance within the letter and spirit of the law,
- Ensure that the University complies with all applicable University policies and procedures,
- Prevent, detect, and report civil/criminal fraud and abuse violations by its clinical staff, employees, students, residents, or agents,
- Educate clinical staff, employees, students, and residents concerning their role in the Compliance Program, and
- Provide a workplace that enables clinical staff, employees, students, and residents to report any violations of the Compliance Program without fear of retaliation.

Code Of Conduct

The University Code of Conduct establishes general guidelines for University faculty and staffs conduct. Students are governed by the Standards of Student Conduct that is published in the student handbook, *The Centerscope*. Failure to comply with billing and patient privacy procedures is a violation of the University Code of Conduct for employees and a violation of the Standards of Student Conduct for students.

Scope

This Compliance Program applies to services performed by the University to beneficiaries of the Center for Medicare and Medicaid Services (CMS). The Compliance Program sets procedures to comply with the seven following elements defined by CMS and other federal benefit programs.

- The University will establish and maintain compliance standards and procedures to be followed by its clinical staff, employees, students, residents, and agents.

- The University will designate a Clinical Practices Billing Compliance and Patient Privacy Officer (CO) and establish a Clinical Practices Billing Compliance and Patient Privacy Oversight Committee (Compliance Committee) to assist in the implementation of the Program.

- The University will conduct effective training and education regarding statutory regulations for patient privacy and the billing of services provided in the clinical practices.

- The University will develop effective lines of communication for reporting suspected non-compliance.

- The University will establish a system to monitor and audit clinical practices billing and patient privacy for compliance with applicable federal and state laws and regulations.

- The University will enforce its standards for compliance through existing mechanisms in consultation with Legal Counsel, Administration, and Human Resources.

- The University will respond to violations, develop corrective action initiatives, and report to government authorities as required.

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Policy Development And Implementation

Purpose

An effective clinical practices billing Compliance Program requires the development and distribution of written policies and procedures that promote the University's commitment to clinical practices billing compliance and patient privacy. This policy establishes the protocol for the development and implementation of policies and procedures that:

- Support the Compliance Program
- Provide guidance related to billing compliance and patient privacy risk

Policy

1. University clinical practices will develop and maintain applicable written policies and procedures that address issues of billing compliance and patient privacy risk within their clinical practice site.
2. All employees, health care professionals, and when appropriate, contractors and other agents will be provided a copy of all policy documents that affect their position or area of responsibility. All policy documents will be posted in a common area accessible to all employees or otherwise made available for inspection by all employees.
3. The Compliance Committee, chaired by the CO will review all clinic practice-specific compliance policies periodically.

Procedures

1. The Compliance Committee will determine if areas of potential billing compliance and patient privacy risk exist within a clinical practice function and provide written guidance related to that risk.

2. The CO will submit the draft policy to the Compliance Committee for review and approval.

3. Upon approval, the CO will disseminate the Clinical Practices Billing Compliance and Patient Privacy Program and Policies to the appropriate clinical practices and personnel. Appropriate education and training will be provided with the dissemination of new policies as deemed necessary.

Clinical Practice Sites Policy Coverage

Purpose

The Compliance Program is designed to ensure that the University complies with all federal and state regulations regarding billing operations; and prevent, detect, and report civil/criminal fraud and abuse violations by its clinical staff, employees, students, residents, or agents,

Policy

As of fiscal year 2010 clinical practice sites include:

1. College of Medicine

   Family Medicine Practice Center-Jackson
   294 Summar Drive
   Jackson, TN
   Family Medicine Practice Center-Knoxville
   1924 Alcoa Hwy, U-67
   Knoxville, TN 37920
   Internal Medicine-Knoxville
   1928 Alcoa Hwy, Ste 127
   Knoxville, TN 37920
   UT Knoxville OB/GYN Center
   1928 Alcoa Hwy, Ste 127
   Knoxville, TN 37920
   UT Knoxville Genetics Clinic
   1930 Alcoa Hwy, Suite 435
   Knoxville, TN 37920

   Center for Child Developmental Disabilities
   Boling Center
   711 Jefferson
   Memphis, TN 38104

   Cytogenetics & Biochemistry Laboratories
   Boling Center
   711 Jefferson
   Memphis, TN 38104

   Lipid Laboratory
   Coleman Building
   956 Court Avenue
   Memphis, TN 38163

2. College of Allied Health

   Physical & Occupational Therapy
   930 Madison Avenue, 6th Floor
   Memphis, TN 38163
   UT Hearing and Speech Center
   571 South Stadium Hall
   Knoxville, TN 37996
   Smiles Clinic
   930 Madison Avenue, 6th Floor
   Memphis, TN 38163

3. College of Dentistry

   Dunn Dental Building
   875 Union Avenue
   Memphis, TN 38163
   Dental Pediatric Practices Clinic
   Crittenden Memorial Hospital
   200 West Tyler Avenue
   West Memphis, AR 72301

4. Campus General

   Academic Provider Services Clinics
   910 Madison Bldg
   Memphis, TN 38163

5. College of Nursing

   Mike Carter PhD, Nurse Practitioner
   Southridge Nursing Home
   400 Southridge Parkway
   Heber Springs, AR 72543

UT Health Science Center clinical practice sites do not include UT Medical Group, which is separately incorporated from the University of Tennessee.

Clinical Practices Compliance/Privacy Officer And Legal Counsel Protocol

Purpose

One of the primary purposes of the Compliance Program is to identify any activity that might constitute a violation of criminal or civil law. The Health Insurance Portability and Accountability Act (HIPAA) is applicable to all University clinical, research, and billing activities.[1] The CO will consult with the Legal Counsel on issues as needed. All billing/privacy compliance inquiries that indicate a violation of civil or criminal law will be referred to Legal Counsel.

Policy

1. Credible allegations of misconduct related to clinical practices billing and privacy must be reported to the University Assistant Vice Chancellor for Finance and Operations and to Legal Counsel as expeditiously as possible.
2. During any investigation, Legal Counsel and the CO will attempt to preserve all relevant evidence.

Procedures

1. Upon report or notice of suspected noncompliance with any criminal or civil law, the CO will conduct an "initial inquiry" into the alleged misconduct. The purpose of the initial inquiry is to determine whether there is sufficient evidence of non-compliance to warrant further investigation.
2. If, during the initial inquiry, the CO determines there is sufficient evidence of noncompliance to warrant further investigation, the matter must be reported in writing to the University Assistant Vice Chancellor for Finance and Operations and to Legal Counsel as expeditiously as possible. The written document will state whether Legal Counsel is recommended to lead the investigation and whether the investigation is being conducted in anticipation of litigation.

If Legal Counsel determines that documents produced during the investigation must be protected from disclosure, all such documents will be marked: "Confidential Peer Review Committee Documents pursuant to T.C.A §63-6-219 and 42 USC §11101".

Legal Counsel will determine if a violation of criminal or civil law has occurred. It will be the responsibility of Legal Counsel to:
1. Advise the Chancellor in writing whether a violation of law has occurred and what action should be taken, and
2. Advise the CO what action must be taken to address any violation.

[1]See 45 C.F.R. §164.502 for general rules regarding uses and disclosures of protected health information. Additional information regarding protected health information under HIPAA is found on the Clinical Practices Compliance Office web site, www.uthsc.edu/compliance.

Clinical Practices Compliance/Privacy Officer
Duties And Responsibilities

Purpose

The University is committed to the operation of an effective Compliance Program. The University established the position of CO to serve as the focal point for clinical practices compliance activities and be responsible for the development, implementation, and daily operation of the Compliance Program.

Policy

1. The CO's primary responsibility is the implementation of an effective clinical practice billing compliance and privacy program. The CO shall have direct access to the University Assistant Vice Chancellor for Finance and Operations. The CO will serve as chairman of the Compliance Committee.

2. The University Assistant Vice Chancellor for Finance and Operations will provide oversight of the CO activities.

Procedures

The CO shall be responsible for the following:

- Coordinate development and implementation of the clinical practices compliance and privacy program.
- Establish and chair a Compliance Committee.
- Establish employee reporting channels, including, but not limited to, a compliance hotline, which employees may use to report problems and concerns without fear of retaliation.
- Implement University-wide training and communication programs to ensure that all employees and affiliated parties are educated on the Standards of Conduct, the clinical practices billing compliance and privacy program, and other issues as necessary.
- Update the university-wide Compliance Program when needed.
- Coordinate and conduct inquiries and/or investigations when deemed necessary.
- Maintain a working knowledge of relevant issues, laws, and regulations through review of periodicals, attendance at seminars and training programs, and through peer contact.
- Respond to allegations of misconduct and compliance issues as appropriate.
- Recommend changes in policies and procedure applicable to billing compliance and patient privacy.

Records Management

Purpose

The Compliance Office receives and generates a substantial volume of records, documents, and other information, in both electronic and hard copy format (hereinafter collectively referred to as “records”). Certain records must be maintained for defined times, as specified by applicable laws or regulations or as required by contractual obligations. Other records should either be retained or destroyed pursuant to standard policy.

This policy is designed to help the CO effectively manage office records thereby promoting the organization and integrity of the office. The policy also is intended to protect the anonymity or confidentiality of individuals who report problems or concerns to the compliance office.

Policy

1. Compliance Committee meeting minutes and records related to a specific incident investigated or under investigation will be retained for at least ten years. All other records may be destroyed on an annual basis unless applicable state or federal law/regulation requires longer retention. Records of employee, staff, and student Compliance Program training will be kept for a minimum of ten years from training date.

2. Records will only be destroyed pursuant to standard policy.

3. Records will be kept secure and confidential to protect employee and patient privacy rights.

Procedures

1. All compliance office records will be maintained in a secure area. Any electronic databases must be controlled via pass codes.

2. All information received by the Compliance Office or the employee hotline will be maintained for at least ten years after the related matter is resolved.

3. Upon receipt of notice regarding the initiation of an investigation or the service of legal process, the CO will take immediate steps to maintain such records pending further notice from the Legal Counsel that the investigation or litigation has been concluded.

Education and Training

Purpose

The development and implementation of clinical practices billing compliance and privacy related education and training seminars for employees is an integral part of the Compliance Program. Compliance program education is divided into two general components. First, all employees must receive an introduction to the Compliance Program. Second, employees whose work is linked to recognized risk areas must receive specialized compliance education pertaining to their function and responsibilities.

Policy

1. All employees, including new hires, will receive education related to the organization's Compliance Program through a training protocol developed by the CO with the assistance of the University Human Resource and Information Technology Department representatives.

2. Employees in identified risk areas will receive detailed education related to their function and responsibilities. The CO and representatives of the clinical practice sites will determine the additional education needed.

Procedures

1. The CO is responsible for developing the clinical practices billing compliance and privacy education curriculum and monitoring and ensuring that the training meets the policy standards.

2. Education seminars, at a minimum, will include information on the following aspects of the Compliance Program:
   - Standards of Conduct and other related written guidance;
   - Communication channels;
   - Organizational expectations for reporting problems and concerns; and
   - Non-retaliation policy.

3. Comprehensive education materials will be developed to facilitate the Compliance Program sessions and ensure that a consistent message is delivered to all employees.

Hotline

Purpose

The University is committed to the timely identification and resolution of all billing and privacy issues that may adversely affect employees, patients, or the University. The University has established telephone hotlines to report suspected problems (901-448-4900, 901-448-1700, and 888-455-1580). Employees may report problems or concerns anonymously or in confidence via the hotline.

Policy

1. The University will establish and maintain a telephone hotline that employees may use to report problems and concerns in confidence.

2. Employees who report problems and concerns in good faith via the hotline will be protected from retaliation.

3. All those who are employed in the hotline operation must act with utmost discretion and integrity.

4. The CO is responsible for the daily operation of the employee hotline.

Procedures

1. The CO's general responsibilities related to the hotline operation include ensuring that all hotline calls are addressed in an appropriate and timely manner in accordance with policies and procedures. Other responsibilities include the following:
   - Ensuring proper functioning of the hotline
   - Conducting appropriate investigations and follow-up
   - Referring calls when appropriate
   - Providing feedback to callers when necessary
   - Reporting hotline activity to the Compliance Committee
   - Maintaining security for all calls and related documents

2. All callers to the hotline will hear the same prerecorded message explaining their rights, any limitations, the non-retaliation policy and other pertinent information.

3. No attempt will be made to identify a caller who requests anonymity. If callers disclose their identity, it will be held in confidence to the fullest extent practical or allowed by law.

4. The CO will communicate any matter believed to be unlawful to Legal Counsel.

Problem Reporting and Non-retaliation

Purpose

The University recognizes that a critical aspect of its clinical practices billing compliance and privacy program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal, state, and private payor healthcare program requirements, as well as the organization's ethical and business policies. To promote this culture, the University established a problem resolution process and a strict non-retaliation policy to protect employees and others who report problems and concerns in good faith. Any form of retaliation can undermine the problem resolution process and result in a failure of communication channels in the organization.

Policy

1. All employees have an affirmative duty and responsibility for reporting perceived misconduct, including actual or potential violations of laws, regulations, policies, procedures, or this organization's standards/code of conduct.

2. An "open-door policy" will be maintained at all levels of management to encourage employees to report problems and concerns.

3. Employees are encouraged to utilize the employee hotline. In furtherance of their protection against retaliation, callers may remain anonymous or may request confidentiality.

4. Retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.

5. Any employee who commits or permits any form of retaliation will be subject to discipline up to, and including, termination.

6. Employees cannot exempt themselves from the consequences of their own misconduct by reporting the matter, although self-reporting may be taken into account in determining the appropriate course of action.

Procedures

1. Knowledge of misconduct regarding clinical practices billing compliance and patient privacy including actual or potential violation of laws, regulations, policies, procedures, or the University's Code of Conduct or Student Standards of Conduct must be immediately reported to the Department Chair, the CO or the employee compliance hotline.

2. Each College Dean must act to ensure that all persons in the College support this policy and encourage the reporting of problems and concerns. At a minimum, the following actions must be taken by the Dean:
   - Meet with department staff and discuss the Compliance Program
   - Post the Notice of Compliance provided by the CO
   - Assure that all employees meet training standards

Compliance Issue Resolution

Purpose

The University implemented a Compliance Program to establish a culture within the University that promotes prevention, detection and resolution of misconduct. This is accomplished, in part, by establishing communication channels for employees to report problems and concerns. Employees are encouraged to report issues to the Department Chair or other higher official, employee hotline, or directly to the CO. The CO is responsible for responding to employee issues that are raised through the various communication channels.

Policy

The policy is to encourage reporting billing compliance or privacy violations. To the extent practical or allowed by law, the CO will maintain the confidentiality of an employee when requested.

Procedures

1. Employee hotline calls will be handled in accordance with established policies and procedures.

2. Issues not related to clinical practices billing compliance or privacy matters and received by the CO will be referred to the appropriate department or individual.

3. Issues with the potential for legal liability or which are of a legal nature will be referred to Legal Counsel.

4. The CO may involve various officials of the University to resolve issues.

5. For Compliance Program issues, the CO will conduct an initial inquiry that may include document review, interviews, audit, or other investigative techniques.

6. If the initial inquiry reveals no violation, the inquiry will be closed.

7. Where an initial inquiry identifies a violation, the CO will notify the Dean of the College and other University officials responsible for compliance and recommend corrective action. In consultation with the Dean or Department Chair, appropriate corrective action will be taken. The CO will notify the complainant of action taken and follow up to ensure there is no retaliation against the complainant.

Records of the inquiry and any investigation into the matter will be kept in the compliance office in accordance with the records policy.

Auditing and Monitoring

Purpose

The University developed and implemented a Compliance Program to establish effective internal controls that promote adherence to applicable federal and state laws and the program requirements of federal, state, and private health plans. An important component of the Compliance Program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas.

Policy

The University will conduct ongoing auditing and monitoring of identified risk areas related to clinical practices billing compliance and patient privacy.

Procedures

1. The CO will recommend and facilitate auditing and monitoring of identified risk areas related to clinical practices billing compliance and patient privacy with laws and regulations, as well as organizational policies, procedures, and standards of conduct. (Risk areas may be identified through the regular course of business, external alerts, or internal reporting channels).

2. Someone other than the employee who produced the initial activity will perform all audits of the activity.

3. The CO will verify completion of compliance reviews and corrective action measures arising from them.

4. The CO is responsible for periodic reporting to the University Assistant Vice Chancellor for Finance and Operations and the Compliance Committee on the general status and outcome of clinical practices billing compliance and patient privacy auditing and monitoring.

Response, Follow-Up and Resolution

Purpose

Audit/review follow-up is an integral part of good management for an effective Compliance Program. It is a shared responsibility of University managers and auditors/reviewers. Corrective action taken on findings and recommendations is essential to improving the effectiveness and efficiency of the University's operations as well as ensuring that the problems/weaknesses identified do not recur.

This policy provides procedures for personnel to respond to findings in reports issued by the internal or external auditors or consultants or reviews by internal staff. The principal objectives of this policy are:

- To specify the role of the designated officials with regard to follow-up.
- To strengthen the procedures for ensuring that appropriate action is taken in response to reviews or audit findings. (This includes corrective action on recommendations contained in audit/review reports).
- To emphasize the importance of monitoring the implementation of resolved audit recommendations in order to ensure that promised corrective action is taken.

Policy

1. Auditors/reviewers will provide the Department Chair with a report of their findings.

2. The CO will monitor audit findings to ensure corrective action is taken.

If the department identifies legal or regulatory violations, clinic practice managers must notify the CO immediately.

Procedures

The Department Chair shall maintain an audit/review resolution file(s) or other appropriate records to document all actions taken to resolve the findings.

1. The CO will follow-up to determine that the required corrective action has been completed.

2. If corrective action has not been completed, the College Dean will be advised. The CO will continue to follow up until corrective action is completed.

3. The CO will make regular reports to the University Assistant Vice Chancellor for Finance and Operations and the Compliance Committee on the status of all actions.

Sanction Screening

Purpose

The University strives to provide high quality healthcare and integrity in its financial and business operations in a compassionate setting. University personnel will conduct appropriate screening of key providers, employees, independent contractors, and business partners to ensure that they have not been sanctioned by federal or state law enforcement or a regulatory or licensing agency.

Policy

The University will take all reasonable steps to verify that all employees, contractors, and business associates are authorized to provide services rendered.

Procedures

1. All employee applications must include questions asking if the applicant has ever been convicted of a criminal offense or if they have criminal charges pending against them.

2. The CO monthly will review the LEIE - List of Excluded Individuals and Entities - posted by the Department of Health and Human Services, Office of Inspector General.

3. All entities with which the University engages in business activities will be screened to ensure that the entity has not been excluded from participation in federal healthcare payment programs.

4. An annual audit of the business entities with which the University enters into a business relationship will be made by the Director of Purchasing to verify that this policy is enforced.

Business Courtesies

Purpose

Objectivity and integrity are essential qualities for employees of any organization, particularly those who are engaged in the service of a comprehensive university health science center. Physicians and other healthcare providers have special obligations to patients and these obligations cannot be compromised by the presence or appearance of conflict of interests with commercial interests or their marketing practices. If the University of Tennessee Health Science Center (UTHSC) is to carry out its missions of education, research, patient care, and public service with unquestioned credibility, its employees must maintain the highest levels of integrity and objectivity as they perform their duties. The purpose of this policy is to provide guidelines to help the faculty and staff of the Health Science Center maintain these qualities in situations that may involve a conflict of interests, or the appearance of a conflict of interests, in interactions with industry.

Policy

The restrictions of this policy apply not only to UTHSC employees, but also to an employee's spouse and dependent children and in some circumstances may apply to an employee's non-dependent children and parents. This UTHSC policy supplements The University of Tennessee System Policy on Conflict of Interests (UT System Policy), Fiscal Policy FI0125, which is incorporated herein by reference in its entirety. To the extent this UTHSC policy is more restrictive than the UT System Policy, this policy shall be the controlling policy for UTHSC employees. This UTHSC policy also incorporates by reference in its entirety UTHSC Policy F125A, Conflict of Interests Research Related Issues.

Prohibition of Gifts and Compensation

a. Soliciting or accepting personal gifts or the use of gifts, gratuities, and favors from industry representatives is not allowed, as it creates the possibility of (or appearance of) favored treatment or an unfair influence for the outside entity.

b. UTHSC personnel may not accept gifts or compensation for listening to sales talks by industry representatives or prescribing medications.

c. UTHSC personnel may not accept meals or other gratuities supplied directly by industry.

d. Grants and gifts provided to the University to support education and development activities are permissible. However, industry officials cannot exhibit industry products, service, devices, or promotional materials directly within the education or development activity site. Such displays are permitted, however, at general vendor designated areas.

e. UTHSC personnel may not accept compensation or defrayment of cost from industry sources simply for attending a continuing education event or other activity if the individual is not speaking or a course participant.

f. Consulting agreements which provide remuneration without associated duties are prohibited.

g. A faculty member/staff/student may not participate in a sponsored program if he, she, or a family member has a significant interest in the sponsoring organization. Note: This prohibition applies to any family member (not just spouse, dependent children, parents, and non-dependent children).

h. UTHSC may not participate in a sponsored program if the dean, department chair, or other supervisor has a significant financial interest in the sponsoring organization.

Procedures

Employees must annually disclose outside interests on the form required by the University. This form requires the disclosure of specific outside interests that may or may not represent conflicts initiative and report in writing to their immediate supervisor any conflict or potential conflict of interests involving their University duties and an outside interest as soon as it develops.

Reimbursement Data and Documentation

Purpose

One of the primary functions of the Compliance Program is to ensure that the University's reimbursement practices are consistent, lawful, and accurate. Appropriate documentation must support all reimbursement claims submitted by the organization. This policy is to ensure that claims submitted are based on adequate documentation that can be audited and verified.

Policy

All filed claims must be based on adequate documentation sufficient for proper auditing and verification.

Procedures

1. Healthcare providers must create contemporaneous records to support claims submitted for reimbursement.

2. Such records must be provided to University auditors and the CO upon request.

3. Other state and federal officials may also require production of these records.

Search Warrants

Purpose

Federal and state law enforcement agencies may use search warrants in healthcare fraud investigations. A search warrant permits agents to seize documents and other types of information. This policy is established to advise employees how to respond to a search warrant.

Policy

1. Employees will remain courteous and professional when dealing with agents executing a search warrant.

2. Employees will not interfere with the lawful execution of a search warrant.

Procedures

1. Request and record the name of the lead agent and the agency they represent. Do not attempt to photo copy the credentials of an agent.

2. Immediately contact Legal Counsel and the CO to advise them of the search warrant.

3. Request an “inventory list” of the documents and items seized by the agents.

4. Provide the inventory list, if one is received, to Legal Counsel.

5. Refer all questions to Legal Counsel.

Subpoenas

Purpose

A subpoena is an official demand for testimony or the disclosure of documents or other information. Subpoenas may originate from law enforcement or administrative agencies. Legal Counsel must review every subpoena and coordinate the University's response.

Policy

The University is committed to full compliance with any lawful subpoena. Employees will remain courteous and professional when dealing with investigators or agents serving a subpoena. No one is to impede in any way efforts to deliver a subpoena.

Procedures

1. If a subpoena related to issues covered by the Compliance Program is received, immediately contact Legal Counsel. A copy of the subpoena must be sent to Legal Counsel.

2. A copy of the subpoena must be sent to the CO.

3. Await direction from Legal Counsel.

Unannounced Visits by Government Investigators or Auditors

Purpose

Federal and state law enforcement and regulatory agencies conduct interviews to gather information during audits, inquiries, and investigations. It is important that the University respond to any official requests for information consistently. This policy is established to provide guidance on how to handle any unannounced visit by government representatives.

Policy

1. The University is committed to responding accurately and not interfering with any lawful audit, inquiries, or investigations.

2. Employees will remain courteous and professional when dealing with investigators or agents.

Procedures

1. A sudden unannounced appearance of a Government Investigator or Auditor must be reported to the site supervisor immediately.

2. The supervisor will request identification and the reason for the visit.

3. The Government Investigator or Auditor will be requested to wait in an unused office or a location where business is not conducted.

4. The supervisor will immediately contact Legal Counsel and the CO.

5. The supervisor will await direction from Legal Counsel.

6. The supervisor or other site staff will not answer questions or provide documents or other information until directed to do so by Legal Counsel.

7. Employees are requested to report any off-site visits by government agents, investigators, or auditors to Legal Counsel and the CO.

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.Medicare Co-payments and Deductibles/Offering Benefits

Purpose

The University recognizes that it may be appropriate to waive Medicare co-payments and/or deductibles in some circumstances, and that it may provide certain benefits in connection with educational programs or health fairs. Routine waivers of co-payments and/or deductibles, or providing inappropriate benefits can violate federal and state anti-kickback laws and regulations. As a result of these complexities, the following policy is enacted to provide employees with guidance on this subject.

Policy

Waivers of Medicare co-payments and/or deductibles provided to Medicare beneficiaries are prohibited except as provided below or approved by Legal Counsel.

Procedures

1. Any blanket waiver of Medicare co-payments and/or deductibles must receive prior approval by Legal Counsel.

2. Waiver of co-payments or deductibles on a case-by-case basis is allowed if the following criteria is met:
   - The waiver is not advertised.
   - The waiver is not routinely offered.
   - The waiver is made following an individualized, good faith assessment of financial need.
   - The waiver is made after reasonable efforts have failed to collect the co-payments or deductibles directly from the patient.

3. The following benefits for special community and affiliated groups are permissible:
   - Providing free preventative health fairs offered for the purpose of promoting community health.
   - Providing periodic social and educational sessions that include a lecture or presentation promoting preventative healthcare.

4. The following benefits to any group or individual are PROHIBITED:
   - Financial or monetary credits given for each inpatient or outpatient admission that can be applied as a credit toward out-of-pocket patient or organization expense.
   - A cash rebate paid to any patient for the provision or furnishing of any medical service or item.
   - Waiver or reduction of Medicare co-payment or deductible amounts in violation of this policy.
   - Waiver or reduction of Medicare co-payment or deductible amounts made as part of a price reduction agreement between the organization and a third-party payor.

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

CLINICAL PRACTICES BILLING COMPLIANCE AND PRIVACY PROGRAM

POLICIES AND PROCEDURES

University of Tennessee
Clinical Practices Billing Compliance/Privacy Committee

APPROVED

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Date

_____ _____
Anthony A. Ferrara, CPA, MAS Date
Vice Chancellor, Finance & Operations
University of Tennessee Health Science Center

_____ _____
Carolyn Moffitt Date
Clinical Practices Billing Compliance/Privacy Officer
University of Tennessee Health Science Center

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

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Anthony A. Ferrara, CPA, MAS
Vice Chancellor, Finance & Operations
University of Tennessee Health Science Center

07.17.08
Date

Carolyn Moffitt

July 15, 2008
Date

Carolyn Moffitt
Clinical Practices Billing Compliance/Privacy Officer
University of Tennessee Health Science Center