I. Purpose:

UMass Memorial Medical Group, through those of its subsidiaries that bill for professional services (collectively “UMM”) is committed to adhering to all federal and state regulations regarding the provision and documentation of provider services and the assignment of the appropriate codes relating to these services. As such, UMM has developed a comprehensive program for training its providers in the appropriate documentation and coding for professional services. This policy describes the orientation and compliance review related to the training programs offered at UMM and provides direction to UMM employed providers, including physicians, physician assistants, nurse practitioners, psychologists, clinical nurse specialists, clinical social workers and others who may bill for their professional services. This policy outlines the providers’ responsibilities to attend compliance training and further, specifies sanctions to be imposed for failure to attend required training or for failing to take all reasonable steps to eliminate and prevent billing, documentation, and coding deficiencies.

II. Applicability:

This policy applies specifically to UMass Memorial Medical Center and UMass Memorial Medical Group. Other UMass Memorial entities may either adopt this policy or develop a policy that substantially reflects the requirements of this policy.

III. Scope:

This policy applies to all UMM employed providers, including physicians, physician assistants, nurse practitioners, psychologists, clinical nurse specialists, clinical social workers and others (collectively, “providers”) who may bill for their professional services.

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1 UMass Memorial Medical Center, UMass Memorial Medical Group, Central New England HealthAlliance, Wing Memorial Hospital and Medical Centers, Marlborough Hospital, Clinton Hospital, Community Healthlink
IV. Policy

UMM employs providers across a number of disciplines who may generate claims that will be submitted to Medicare, Medicaid, and other third party payers for professional services rendered. In an effort to ensure that providers’ services are appropriately coded and documented, the Compliance Office, in cooperation with UMass Memorial Medical Group leadership, has developed training sessions which address essential components of coding, billing, and medical record documentation including: Documentation Guidelines for Evaluation and Management Coding, Medicare’s Supervising Physicians in Teaching Settings regulations, Medicare and Medicaid’s requirements for billing the services of non-physician caregivers, and other billing and documentation rules and regulations.

It is essential that billing providers receive training through these programs on an initial and continuing basis and that they incorporate the elements of that training into their coding, billing and documentation practices with the goal of achieving full regulatory compliance.

Requirements regarding the training of professional staff and the applicable sanctions for non-compliance with training requirements shall be as follows:

A. Orientation For New Employees:

New employees who provide billable professional services are required to attend an orientation training session within sixty (60) days of their date of hire. Reminders of this requirement are included in professional employee credentialing packages. The Compliance Office will also remind applicable providers and the appropriate Department Chair and Division Chief of those individuals who have not completed orientation training thirty (30) days following the provider’s date of hire.

Failure to attend an orientation training session within the sixty-day time frame will result in the provider’s billings being placed in “suspension status” until the training requirement is met. (Suspension status means that all billing is temporarily held awaiting disposition from the Compliance Office). Repeated refusal to complete the training will result in further disciplinary action ranging from suspension of employment without pay to termination of employment. In certain instances, at the discretion of the Compliance Office, providers may be able to satisfy the training requirement if they can document successful completion of a program elsewhere or can attest to an understanding of the training material. This option is only available for extenuating circumstances, such as where a provider has only limited involvement in coding, or furnishes only a very limited number of services.

B. Continuing Training and Education

Ongoing In-Service training will be provided to providers following completion of each clinical department or divisional review described below. The Compliance Office will conduct these In-Service sessions. The sessions will be scheduled in advance with department/divisional leadership in a manner to facilitate provider schedules. Providers who do not receive a passing score in the above departmental review must have a face-to-face meeting with a member of the Compliance Office staff consistent with paragraph C below.
C. Auditing and Monitoring of Records and Retraining and Sanctions for Noncompliant Providers

The Compliance Office will review each division/department’s billing on an ongoing basis to ensure the integrity of billing and supporting documentation of each provider. The Compliance Office will clarify threshold error rates with department/divisional leadership at the commencement of each review. Error rates found in excess of these threshold rates and proposed corrective actions will be discussed with the appropriate Department Chair and/or Division Chief as well as the provider. In addition to the divisional/departmental reviews, the Compliance Office will periodically review the billing of individual providers whose billing pattern or activity falls outside UMM or other “norms” to ensure the integrity of billing and supporting documentation.

Coding or documentation issues caused by system or other deficiencies outside of the control of the provider will not be charged against his/her score. These issues will be discussed with appropriate leadership for resolution.

Following is an outline of the required course of action to be implemented upon one or more provider billing audit failures:

1. First Occurrence:

   (Issues first identified as part of a Compliance Office review)

   - Discussion of audit results with the provider and appropriate Department Chair and/or Division Chief;
   - Provide re-training to the provider within 30 days to ensure a thorough understanding of compliance issues and deficiencies identified during the review;
   - Written notification of deficiencies noted in the review and the grading criteria utilized are given to the provider;
   - Discussion of and agreement upon corrective action necessary to address deficiencies; and,
   - Re-audit of the provider’s records on an expedited basis, appropriate to the provider’s level of activity. If the provider passes this review, the process ends and the failure of any future routine review would result in a First Occurrence. Failure of the review will result in a Second Occurrence.

2. Second Occurrence:

   (Based upon error rates in excess of thresholds incurred during the re-audit following a First Occurrence)

   - A meeting involving the provider, Department Chair and/or Division Chief, and the Compliance Office to discuss the audit results, and to develop a corrective action plan. The department chair and/or division chief will initiate this meeting, using best efforts to schedule this meeting within fifteen (15) business days of the notification of a Second Occurrence from the Compliance Office, but under no circumstances later than twenty (20) business days from the date of notification. The President of UMMMG, Department Chair, and/or Division Chief are directly responsible to ensure that this plan is implemented;
   - Written notification of deficiencies noted in the review and the grading criteria utilized are given to the provider;
The President of UMMMG and the Subcommittee of the UMMMG Billing, Collections, and Compliance Committee, are informed of compliance issues associated with the provider’s billings; and,

Re-audit of the provider’s records on an expedited basis, appropriate to the provider’s level of activity. Failure of this review will result in a Third Occurrence.

Any provider who incurs a Second Occurrence and passes the re-audit following the Second Occurrence will also be re-reviewed by the Compliance Office within six (6) months from the date they are notified that they passed the re-audit. If the provider passes this review, the process ends and the failure of any future review would result in a First Occurrence. Failure of this next review will result in a Third Occurrence.

3. Third Occurrence

(Based upon error rates in excess of thresholds incurred during the re-audit subsequent to a Second Occurrence)

• Providers billings are placed in Suspension Status by the UMMMG Vice President of Finance & Administration until compliance with appropriate policies is established, as determined by the Compliance Office;
• The provider and Department Chair and/or Division Chief will be responsible for providing the Compliance Office with any encounter forms and documentation necessary to ensure compliance;
• The department may also be required to institute a self-monitoring plan to ensure that documentation and billing compliance requirements are appropriately followed.
• The provider will pay an auditing fee equaling 3% of current gross salary (UMM and UMMS) from personal funds to help offset the costs associated with a Third Occurrence. Providers who fail to pay the fee will move immediately to sanctions imposed under the Re-review of Noncompliant Personnel section of this policy;
• The department will pay an auditing fee of $10,000;
• The Department Chair will send notification to the provider outlining the fees and appeal rights;
• The President of UMMMG or his/her designee, the Department Chair or his/her designee, the provider, and the Compliance Office will meet to develop a corrective action plan and determine appropriate further action. The Office of the President of UMMMG will initiate this meeting, using best efforts to schedule this meeting within fifteen (15) business days of notification of a Third Occurrence from the Compliance Office, but under no circumstances later than twenty (20) business days from the date of notification. The President of UMMMG and Department Chair are directly responsible to ensure that this plan is implemented;
• Written notification of deficiencies noted in the review and the grading criteria utilized are given to the provider;
• The Compliance Office and Chair of the Billing, Collections, and Compliance Committee will notify the Subcommittee of the UMMMG Billing, Collections and Compliance Committee of any provider who reaches the level of a Third Occurrence and update the committee regarding the process; and,
• The Chair of the Billing, Collections and Compliance Committee and the President of UMMMG will notify the UMMMG Board of Directors of providers incurring a Third Occurrence and update them regarding the review process.
• The Compliance Office will notify the Chief Medical Officer of any provider who reaches the level of a Third Occurrence.
- Depending on the nature and the extent of the compliance issues, further action may be taken with regard to the provider, including suspension from employment without pay, or termination of employment.
- When a provider incurs a Third Occurrence, the Compliance Office will review charges and documentation until such time as the Compliance Office determines that the billing compliance issues identified have been resolved. The provider will also be re-reviewed by the Compliance Office approximately ninety (90) days from the date he/she passes this concurrent review. If the provider passes this follow-up review, the process ends and the failure of any future routine compliance review would result in a First Occurrence. Providers who fail this next review invoke the Re-review of Noncompliant Personnel section of this policy (See #4 below). Additionally, a provider who has not sufficiently improved his/her coding and/or supporting documentation after receiving continuous feedback from the Compliance Office and after the concurrent review reaches a period of sixty (60) days, will also invoke the Re-review of Non-compliant Personnel section of this policy.

4. Re-review of Noncompliant Personnel (i.e. Fourth Occurrence):

- Providers billings are placed in Suspension Status by the UMMMG Vice President of Finance & Administration until compliance with appropriate policies is established, as determined by the compliance office;
- The provider and the Department Chair and/or Division Chief will be responsible for providing the Compliance Office with any encounter forms or documentation necessary to complete the review process,
- A suspension of the provider from employment without pay for a minimum of one (1) week. Depending on the nature and the extent of the compliance issues, further action may be taken with regard to the provider, including suspension from employment without pay for a longer term or termination of employment for cause.
- The President of UMMMG, the Department Chair and the Chief Compliance Officer will meet to develop a corrective action plan and determine appropriate further action. The Office of the President of UMMMG will initiate this meeting, using best efforts to schedule the meeting within fifteen (15) business days, but in no circumstances later than twenty (20) business days from the date that the Department Chair and/or Division Chief and the President of UMMMG are notified that the provider invoked the Re-review of Noncompliant Personnel section of the Training & Sanctions Policy. The President of UMMMG and Department Chair are directly responsible to ensure that this plan is implemented;
- The Compliance Office and Chair of the Billing, Collections, and Compliance Committee will notify the Subcommittee of the UMMMG Billing, Collections and Compliance Committee of any providers invoking the Re-review of Noncompliant Personnel section of this policy;
- The Office of the President of UMMMG will send notification to the provider outlining the penalties and appeal rights; and,
- The Chair of the Billing, Collections and Compliance Committee and the President of UMMMG will notify the UMMMG Board of Directors, and the UMMHC CEO of providers invoking the Re-review of Noncompliant Personnel section of this policy.
- The Compliance Office will notify the Chief Medical Officer of any provider who reaches the level of Fourth Occurrence.

D. Sanctions and Corrective Action for Billing and Documentation Issues of Higher Severity:

From time to time, the Compliance Office may become involved with compliance issues either inside or outside of the routine audit process that they consider more severe than normal. In such
In certain circumstances, the Compliance Office will meet with the provider, appropriate divisional, departmental, UMMMG, UMMC, and UMMHC representatives as necessary to investigate the issue. The Compliance Office may, in its discretion, conduct an expanded review as part of its investigation. Using the results of the investigation, the Compliance Office may recommend additional training, direct progression to a third occurrence, and/or other sanctions, including but not limited to, the suspension of employment without pay or, in the most serious circumstances, the termination of the provider’s employment for cause. Recommendations will be discussed with and approved by medical group leadership before initiating any further actions. The most common recommendation in these cases will be direct progression to a Third Occurrence (see page 4 & 5 of this policy). In these cases, the Compliance Office, after consultation with UMMMG leadership, may recommend adjusting the departmental fee associated with the Third Occurrence depending on the specific circumstances of the findings. If the departmental fee is adjusted, the individual provider fee would still apply. The Third Occurrence departmental fee may be assessed if there is a Fourth Occurrence. In certain circumstances, the provider may also be disciplined under the UMass Memorial Medical Center Medical Staff Bylaws.

V. Procedure

UMM employees or professional staff members with questions concerning the interpretation of this policy or its applicability to a particular circumstance should first consult with their supervisor. If the employee’s supervisor is unable to answer the question or provide appropriate guidance or if, because of the circumstances, it would be inappropriate to discuss the matter with the supervisor then the employee or professional staff member should contact the Compliance Office for advice. If any UMM employee or professional staff member is aware of any violation of this policy or suspects that a violation of this policy has occurred, the employee or professional staff member must report the activity consistent with the requirements outlined in the Section of the UMMHC Code of Ethics and Business Conduct entitled “Reporting of Violations.”

VI. Appeal

If a provider or Department Chair (appellant) wishes to appeal any sanction imposed pursuant to this Policy, he/she may file a written appeal with the President of UMMMG. The appeal statement must include: (1) the specific basis for the appeal (i.e., the decision or action being challenged); all pertinent information regarding the appeal; and (3) the remedy desired by the appellant. The appeal must be filed within fifteen (15) business days of the date that the notification of an occurrence was issued.

The President of UMMMG shall meet with the appellant and the Chief Compliance Officer either separately or together. The President will make best efforts to address the appeal within fifteen (15) business days of receipt of the provider’s appeal.

If the appellant is not satisfied with the President’s proposed resolution to the appeal, he/she may submit a written appeal request to the Chair of the Billing, Collection, & Compliance Committee for a committee review of his/her appeal. The decisions of the committee are final. Such requests shall include a copy of the initial appeal and any supporting documents and must be made within five (5) business days of the President’s proposed resolution notice. If such written notice is not received, the President’s proposed resolution or action shall be deemed accepted as final.
The committee shall consist of a total of six (6) members as follows: The following Five (5) voting members; Three (3) physicians from the Billing Collections, and Compliance Committee (including the Chair of the committee or his/her designee and two (2) members chosen by the Chair of the committee; Two (2) physicians from the UMMMG Board of Directors, including the Chair of the Board or his/her designee and one (1) other member chosen by the Chair of the Board; and one (1) non-voting member; the Vice President of Finance & Administration of the UMMMG.

The appellant and the Compliance Office may submit any additional information they believe will assist the committee in making its decision. The committee shall meet with the appellant and the Compliance Office and obtain any additional information including, but not limited to, interviewing other individuals the committee believes necessary for deliberations. The committee shall make its best efforts to issue its decision within thirty (30) days of the committee’s receipt of the appeal. The committee shall document all decisions on appeals and provide formal notification of decisions to the respective appellant, Department Chair, Division Chief, President of UMMMG, and the Compliance Office.

Conflict of Interest

No individual who has been directly involved in the action giving rise to the appeal may serve on the committee. Any other committee member or decision maker under this procedure who, while not having participated in the action, deems himself or herself disqualified because of a conflict of interest, or other factors that may interfere with his/her ability to be an objective participant shall withdraw from the appeal process.

Retaliation

At no time shall any appellant suffer retaliation because he/she filed an appeal.

Appeal Results

Appeals initiated by individual providers or Department Chairs stemming from a common billing or coding matter shall be addressed independently of each other. Any decision to modify or overturn a provider or departmental sanction will have no direct bearing on the other party’s sanction.