



University of Colorado Medicine

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The University of Colorado School of Medicine

Compliance Program

CU Medicine Corporate Compliance Plan
Revised July 2011
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Background

University of Colorado Medicine (CU Medicine) is the faculty practice plan of the University of Colorado School of Medicine (SOM). CU Medicine is a 501(c)(3) corporation authorized by the Regents of the University of Colorado in 1981 pursuant to Colorado Revised Statutes 23-20-114(2)(a). CU Medicine provides administrative services to the physician faculty of the SOM, as well as other medical professionals, by providing billing and collection of professional fees, managed care and professional service contracting, network development and credentialing.

The Member Practice Agreement (MPA) stipulates that University faculty members assign their professional clinical income to CU Medicine. CU Medicine will function as the centralized billing agent responsible for all clinical billing, collection of reimbursement, and clinical contracting activity as noted in the MPA.

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Introduction

University of Colorado Medicine (CU Medicine) and the University of Colorado School of Medicine (SOM), have always, and remain, committed to the very highest standards of ethics and integrity. The environment in which we deliver healthcare continues to rapidly evolve and become increasingly complex. As such, CU Medicine and SOM have developed a formal Compliance Program in an effort to assist all CU Medicine and SOM employees, member faculty, and others involved in professional fee billing and contracting, to conduct themselves in a manner consistent with the spirit and letter of this very highly regulated environment.

The Compliance Program described in this document is intended to establish a framework. It is not intended to set forth all the substantive programs and practices designed to achieve compliance. Numerous compliance practices and billing quality controls already exist.

The Compliance Program will, at a minimum, include all of The Seven Basic Compliance Elements recommended by the Office of the Inspector general (OIG). The Compliance Program will also provide a framework for the enhancement of billing guidelines, education, and monitoring. All members of our practice, and their respective staffs, are encouraged to use this Program as a tool to guide them in the activities and services they perform each day on behalf of the practice.

Executive Commitment

The Dean of the SOM, the CU Medicine Board of Directors, and internal counsel have approved this Compliance

Program. The designated “CU Medicine Corporate Compliance Officer” is the physician member who is the Secretary/Treasurer of CU Medicine, who, per the CU Medicine Bylaws, is Chairman of the Finance Audit Committee (FAC). CU Medicine Administration will be responsible for implementing the Compliance Program as approved. All clinical departments, faculty physicians, other clinical staff, and all personnel involved with the professional fee billing, contracting or other CU Medicine business activity will be required to comply with this Compliance Program as centrally established and adopted by CU Medicine governance.

All physicians, clinical providers and other practitioners who have a regular faculty appointment in the SOM are required to sign a CU Medicine Member Practice Agreement (MPA) as a condition of their faculty appointment. In so doing, each member agrees to adhere to CU Medicine Bylaws and all established corporate policies and procedures including the CU Medicine Compliance Program.

This Compliance Program will be reviewed regularly and changes will be made to ensure continued compliance with all Federal and State laws and regulations, as well as other third-party payer rules. Status and update reports will be submitted, at a minimum, annually to the FAC. All approved changes and revisions shall become an integral part of this Compliance Program.

Standard of Conduct

CU Medicine and the SOM strive to continuously improve the financial and operational performance of our academic practice plan while conducting our business in compliance with all regulatory standards. We are committed to comply with all Federal, State, and local laws and regulations. CU Medicine and the SOM shall be guided by standards of legal and ethical conduct and will not knowingly take any action that is in violation of any statute, rule or regulation.

CU Medicine and the SOM are dedicated to promoting honest and trustworthy practices among our employees, member faculty and affiliate partners in care. CU Medicine and the SOM's internal controls and operating procedures are intended to detect and to prevent, or deter, improper activities. However, even the best systems of control cannot provide absolute safeguards against irregularities. Intentional and unintentional violations of any statute, rule, regulation, policy and/or procedure may occur and may constitute improper activity. CU Medicine and the SOM are dedicated to the investigation of said activity and commit themselves to appropriate resolution.

Whistleblower Protection

CU Medicine and the SOM are strongly committed to protecting employees from interference with, or retaliation against, a disclosure of improper, fraudulent or illegal activity. This includes prohibiting employees, contractors, subcontractors or other agents from discriminating in the terms and conditions of employment with respect to any employee who provides information to or assists with an investigation conducted by CU Medicine, SOM, Federal regulatory, or law enforcement agencies. Issues and concerns associated with unethical or illegal activities may be reported anonymously and confidentially via an established third-party hotline/web portal: 866-ETHICS-P (866-384-4277) or www.ethicspoint.com

Additional Binding Obligations and Code of Ethics

The CU Medicine Board of Directors, the Dean, and CU Medicine Management acknowledge the existence of additional binding obligations and rules specific to each institution. As such, it is expected that physician and practitioner members, CU Medicine employees and others will abide by their respective obligations and rules. Examples include, but are not limited to, rules addressing conflicts of interest (i.e., The University of Colorado's Conflict of Interest and Commitment Policy for All Campuses), confidentiality requirements for Protected Health Information (PHI) and business affairs, fraudulent activities, and employment handbooks.

Program Elements

The CU Medicine Compliance Program incorporates the seven elements that constitute an effective program as recommended by the Office of the Inspector General (OIG) of the Department of Health and Human Services (DHHS).

The Seven Basic Compliance Elements

The OIG believes that every effective compliance program should begin with a commitment by the physician practice to address all of the applicable elements listed below, which are based on the seven elements set forth in the Federal Sentencing Guidelines:

1. Establishing compliance standards through the development of a code of conduct and written policies and procedures.

In addition to the “Standard of Conduct” set forth by CU Medicine, all member faculty are bound by the University of Colorado School of Medicine’s “Rules and Policies”. CU Medicine and the SOM have developed a comprehensive body of guidelines that constitute an ongoing commitment to the promotion of integrity and compliance within the Faculty Practice Plan.

2. Assigning compliance monitoring efforts to a designated compliance officer or contact.

UPI’s established Finance Audit Committee (FAC) serves as the compliance oversight authority for the practice. The Chairman of the FAC is the designated “CU Medicine Corporate Compliance Officer”. CU Medicine Administration is responsible for implementing the Compliance Program as approved. Full department resources, including the appointment of a Directorship, to oversee Quality Coding, Audit and Education (ACE) have been dedicated to the Program. Additionally, CU Medicine Administration has appointed an internal “Organizational Compliance Officer”, responsible for various components of the Compliance Program. (Further defined in the Compliance Oversight section)

3. Conducting comprehensive training and education on practice ethics and policies and procedures.

Mandatory educational programs covering ethics and billing compliance are administered to CU Medicine members, employees, and agents on a regular basis. (Further defined in the Compliance Education section)

4. Conducting internal monitoring and auditing focusing on high-risk billing and coding issues through performance of periodic audits.

Both routine and special monitoring is the responsibility of the ACE Department. ACE Department directives and goals include monitoring compliance, identifying problems, and developing corrective action plans, all in conjunction with executive management. (Further defined in the Internal Reviews and Monitoring section)

- 5. Developing accessible lines of communication, such as discussions at staff meetings regarding fraudulent or erroneous conduct issues and community bulletin boards, to keep practice employees updated regarding compliance activities.**

The Director of ACE and Organizational Compliance Officer regularly attend operational staff meetings to introduce, re-enforce, and clarify regulatory compliance topics. The ACE Department works in concert with all operational areas regularly to ensure compliance with all applicable professional fee billing requirements. An evolving compliance resource page on the organization's intranet provides extensive information promoting compliant behavior.

- 6. Enforcing disciplinary standards by making clear or ensuring employees are aware that compliance is treated seriously and that violations will be dealt with consistently and uniformly.**

Expectation of compliant behavior is outlined clearly in many facets of the Program and complimented by additional terms and conditions of employment.

- 7. Responding appropriately to detected violations through the investigation of allegations and the disclosure of incidents to appropriate government entities.**

The Compliance Program facilitates the investigation and remediation of problems identified through routine quality review processes and through issues presented via confidential reporting mechanisms. A toll-free compliance hotline and website is available to receive such complaints of questionable practices. Individuals are not required to identify themselves, and existing institutional policy protects complainants from retaliation.

(Further defined in the Reporting Compliance Issues and the Compliance Investigations, Summary Reports, Corrective Action Plans, and Sanctions for Non-compliance sections)

Reporting Compliance Issues

CU Medicine and the SOM employees, including CU Medicine members, are required to report any incidents of misconduct of which they are directly aware or suspect. All such reports may be made anonymously via the EthicsPoint website: www.ethicspoint.com, or corresponding toll-free hotline: 866-ETHICS-P (866-384-4277), or by communicating directly with practice plan management or a Compliance Officer either by phone, facsimile, e-mail, or regular mail.

Failure or refusal to report misconduct or fraudulent or illegal practices is a violation of this Compliance Program and may result in disciplinary action, including termination, of any individual who suspects misconduct but fails to report it.

Examples of misconduct may include, but are not limited to; repeated instances of improper coding, inadequate medical record documentation, falsification or alteration of medical records, harassment, acceptance of bribes or other kickbacks, unlawful attempts to induce referrals, or retaliation against someone who has made a previous report concerning a compliance violation.

A report of misconduct alone does not automatically lead to the discipline of the subject of the report. Each report of misconduct will be followed up with an internal investigation, and if warranted, corrective action may be imposed in accordance with organizational practice.

Contact with a Compliance Officer to discuss or report situations, even if the reporting individual is not certain that the situation in question rises to the level of noncompliance, is encouraged. Confidentiality of employee reports will be maintained at all times, to the extent practicable and legal. Only those personnel who have a need to know will be informed of the reports.

Non-retaliation (Whistle Blower Protection)

As outlined in the "Standard of Conduct", reports of compliance concerns in good faith will not be subject to retaliation, retribution, or harassment as a result of submitting such reports. Retaliation, retribution, or harassment of this nature will be subject to disciplinary action.

Compliance Investigations, Summary Reports, Corrective Action Plans, and Sanctions for Non-compliance

Investigation

Upon receipt of an oral or written complaint regarding questionable practices, the Corporate Compliance Officer, Organizational Compliance Officer, or delegate of either, will act promptly to conduct an investigation of the facts when there is sufficient specific information to warrant an investigation. In addition to the information described above, the Corporate Compliance Officer, Organizational Compliance Officer, or delegate of either, may obtain further information as necessary to corroborate or dispute the complaint.

Disclosures requiring investigation must be sufficiently specific so that a determination of the inappropriateness of the questionable practice can be made and reasonable, appropriate corrective action can be taken to ensure proper follow up is conducted. In an effort to address every disclosure, a preliminary inquiry will be made to determine if sufficient information has been obtained to enable an internal review.

In conducting the investigation, the Corporate Compliance Officer, Organizational Compliance Officer, or delegate of either, will:

- Gather relevant documents and facts
- Identify and interview individuals who may be able to provide information
- Review medical records and other relevant information
- Keep a continually updated log (database) of all reports and investigations

The Corporate Compliance Officer, Organizational Compliance Officer, or delegate of either, will document the investigation in an objective manner. As necessary, and as determined by Compliance Officers, other individuals, committees, or legal counsel (internal or external) may be requested to assist in the investigation.

Summary Reports

Compliance Officers will maintain reports of the results of investigations. These reports will include corrective action plan recommendations, if necessary. Reports will be presented to the Finance Audit Committee (FAC) on a routine basis, or as required. All documents pertaining to the investigation will be retained for a minimum of six years from the closing date of the investigation.

Corrective Action Plans

Corrective action plans will be implemented as a means of facilitating the overall goal of compliance. Corrective action plans will be utilized to assist the Program in addressing specific compliance issues, and reduce the likelihood of similar problems from occurring in the future.

Sanctions

Internal review, investigation, and reports of questionable practices may form the basis for corrective action. Sanctions for non-compliance may range from retraining and re-audit to cessation of billing privileges and expulsion from CU Medicine membership or termination of employment. The FAC will recommend the type of sanction for any non-compliant individual to the CU Medicine Executive Committee. If there is evidence of willful non-compliance by a SOM faculty member, the findings shall be communicated to the Dean of the SOM for appropriate follow up via University and SOM rules and procedures. The Dean will be responsible for following up with the faculty physician/provider as appropriate.

Compliance Oversight

Oversight of the Compliance Program is multifaceted. Ultimate authority of the Program resides with the CU Medicine Finance Audit Committee (FAC), an extension of UPI's Board of Directors and is comprised of elected members. The designated "CU Medicine Corporate Compliance Officer" is the physician member who is the Secretary/Treasurer of CU Medicine, who, per the CU Medicine Bylaws, is Chairman of the FAC.

CU Medicine Administration is responsible for implementing the approved Compliance Program. To satisfy this responsibility, CU Medicine Administration has dedicated full department resources, including a Directorship, to Quality Coding Audit and Education (ACE oversees and coordinates the billing quality assurance program, educational initiatives, internal review, and compliance-related billing and documentation communications throughout CU Medicine and SOM. ACE works closely with SOM clinical departments, faculty members and CU Medicine operational departments to ensure compliance with all applicable professional fee billing requirements. ACE directly effects changes in the billing process to enhance compliance behavior. ACE coordinates all third party payer billing audits to ensure all relevant documentation has been located to support the services billed. ACE also coordinate activities as appropriate with the University of Colorado Office of the General Counsel, University of Colorado Office of Internal Audit, and acts to assist with any other University of Colorado compliance initiatives.

The Director of ACE has a direct reporting relationship to the FAC on all compliance related matters.

CU Medicine Administration has also appointed an "Organizational Compliance Officer" to assist management of the Program. The Organizational Compliance Officer is responsible for the compliance hotline and anonymous reporting mechanism, EthicsPoint. The Organizational Compliance officer also coordinates activities of CU Medicine Administration's Compliance Committee, responsible for compliant business operations. The Organizational Compliance Officer consults and works in concert with the Director of ACE and the FAC.

Additionally, the Assistant Vice Chancellor of Regulatory Compliance for the SOM has an overlapping role in the management of the Program, thus providing an additional layer of dedicated authority.

Joint Administrative Responsibility

All of the aforementioned staff has the following primary duties and responsibilities:

- Address compliance issues and responsible for implementation of the Compliance Program;
- Provide for and make available to the Practice, repository of documents and reference materials relating to compliance requirements;
- Review applicable rules and guidelines on an on-going basis and implement needed modifications to existing policies and procedures or prepare additional policies and procedures or guidelines as may be necessary so as to promote awareness of compliance requirements;
- Conduct regular internal reviews and audits, including but not limited to, physician and non-physician professional charges and documentation.

Compliance Education

Compliance education is mandatory and is conducted regularly to promote compliant behavior. Special attention is given to compliance and quality in the documentation, coding and billing of professional services. Educational efforts address identified risk areas in physician billing practices and promote preventive policy. The ACE department ensures that billing and reimbursement rules, guidelines, and policy are disseminated timely to all staff involved in the billing process.

Resource materials will be compiled into a manual available via the ACE intranet page for all Faculty and Staff. The manual will incorporate standards and policy guiding all involved with the professional fee billing process. These guidelines will be reviewed annually, at a minimum, and programmatic changes will be communicated effectively.

Training is mandatory for all SOM faculty members, CU Medicine billing personnel and administrative staff. ACE will maintain a record of all scheduled training, topics reviewed, and participants. An essential component of the training will be to provide all with an understanding of federal guidelines regarding documentation to support correct coding and billing. This effort entails providing educational sessions and materials for all clinical faculty, clinical fellows, residents, billing, and administrative staff to ensure understanding of electronic health record standards, coding, documentation and billing guidelines and regulations.

Internal Reviews and Monitoring

The Director of ACE is responsible for continuously assessing compliance with all applicable professional billing regulations. Work plans will be established, administered, and evaluated with interest in ensuring and enhancing compliance. The Director will work closely with each SOM clinical departments, and CU Medicine administrative departments, to identify potential areas of non-compliance and ensure resolution.

ACE is also charged with performing random and regular reviews of medical records. This monitoring effort includes sampling of clinical department medical records and corresponding bills to verify documentation accuracy and consistency. Individual provider audits will also be conducted regularly, with special emphasis on performing ambulatory provider outpatient reviews. Frequency and sample size will, in part, be driven by results of prior reviews, volume of clinical activity, risk factors, and the OIG's Annual Work Plan. CU Medicine staff performing coding functions will also be subject to regular review to ensure accuracy and compliance. Reviews may be conducted on both a pre or post-billing basis.

Program Maintenance and Revision

The Director of ACE and the Organizational Compliance Officer will be responsible for the overall effectiveness of the Program. Ongoing consideration will be given to quality review of processes, frequency of questionable practices and investigatory outcomes, trend analysis, current billing practices, and any other items deemed pertinent.

An annual report will be generated and delivered to the FAC by the Director of ACE and the Organizational Compliance Officer. The FAC, and chairperson serving as the Corporate Compliance Officer, will ultimately be responsible for evaluating Program effectiveness in accordance with the following principles:

- Quality review results.
- Trends identified through internal and, if applicable, external review.
- Effectiveness of education and training for all Program participants in modifying practices.
- Effectiveness of communication.
- Whether policies are current and comply with applicable regulations.
- Correlation between education and quality review results and questionable practices.
- Correlation between corrective action and recurrence.

The Compliance Program must maintain fluidity due to rapid evolution of regulatory requirements. As such, provisional revisions to the Program may be necessary. Provisional revisions may be implemented immediately to maintain our commitment to compliant practices. Major changes to the program require CU Medicine Board of Director approval, facilitated by the FAC.

Additional Resources

[Legislative Summaries and Educational Resources](#)

[Avoiding Medicare and Medicaid Fraud and Abuse](#)

[Faculty Affairs Resources \(Including SOM Rules and Policies\)](#)