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CLINICAL FACULTY COMPLIANCE PLAN

1. Purpose of the Compliance Plan

The *Clinical Faculty Compliance Plan* commits clinical faculty to compliance with pertinent state and federal regulations governing billing for services by teaching physicians while maintaining the highest standards of patient care. This commitment promotes appropriate and accurate billing for all patients. Although the primary and ultimate responsibility for education and compliance with regulations rests with individual physicians and their respective clinical departments, the Plan sets forth institutional standards for supervision and documentation including mandates for specific educational sessions, training, medical record reviews, and monitoring of teaching physician compliance. The Clinical Faculty Compliance Plan is available on the web at www.med.unc.edu/compliance/compplan.

The School of Medicine Compliance Office was established as a part of the Dean's Office to provide coordination, direction and quality assurance to the School's activities related to teaching physician billing compliance. The Compliance Office is headed by a Compliance Officer and includes Compliance Auditors and other staff as determined by the UNC P&A Board. The Compliance Officer is responsible for monitoring the effectiveness of the Plan. The Compliance Office works closely with the UNC P&A administrative staff to assist clinical units in complying with the pertinent regulations.

The Teaching Physician Oversight Committee (TPOC), convened quarterly by the Executive Associate Dean for Clinical Affairs, receives reports concerning compliance issues from clinical departments, the Compliance Officer, UNC P&A administrative staff and other sources. TPOC provides policy and operational oversight to the Compliance Office and of the School's effectiveness in adhering to the *Compliance Plan*. Compliance policy issues recommended by TPOC and approved by the UNC P&A Board are binding on the clinical faculty. Changes to the Compliance Plan are initiated by TPOC and recommended to the UNC P&A Board for action. The Executive Associate Dean for Clinical Affairs and President, UNC Physicians are responsible for issuing, to the clinical faculty, Board-approved revisions to the Compliance Plan.

The *Compliance Plan* includes the following features:

- Designation by the School of Medicine of a Compliance Officer responsible for directing the effort to enhance compliance, including implementation of the *Compliance Plan*;
- Incorporation of standards and policies that guide School of Medicine personnel with regard to professional fee billing;
- Mandatory training of clinical staff and billing personnel concerning applicable regulatory requirements and School of Medicine policies;

- A mechanism for employees to raise questions and receive appropriate guidance concerning professional fee billing;
- Regular medical record reviews to assess compliance and to identify potential concerns;
- A process for employees, patients, volunteers and others to report, confidentially, instances of suspected noncompliance, for such reports to be fully and independently reviewed and for a formal response to the reporter of the incident if a response is desired;
- 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; and
- Formulation of corrective action plans to address any instances of non-compliance with School of Medicine policies or billing requirements.
- A requirement that upon hiring and biannually thereafter, as a part of the credentialing and re-credentialing for privileges at UNC Hospitals, all clinical faculty read and sign the UNC Health Care System Code of Conduct.

The compliance program described in this document establishes a framework for legal compliance by the School of Medicine. It is not intended to set forth all of the substantive programs and practices of the University and the School that are designed to achieve compliance. The University and the School have been maintaining various compliance practices, and those practices continue to be a part of its overall legal compliance efforts.

2. Medical Faculty Code of Conduct

The Medical Faculty Code of Conduct, stated below, reflects the values, duties and responsibilities of the UNC Medical Faculty. Reading and signing a copy of the Medical Faculty Code of Conduct is part of the credentialing and bi-annual re-credentialing process for membership on the staff of UNC Hospitals. Faculty members retain a copy of the signed Code of Conduct for their own records. In addition to the Medical Faculty Code of Conduct, the credentialing and bi-annual re-credentialing process for membership on the staff of UNC Hospitals also requires that medical faculty read and sign the complementary UNC Health Care System Code of Conduct. A copy of the UNC Health Care System Code of Conduct can be found at (<http://www.med.unc.edu/hosphr/intranet/hrpublications.htm>). A copy of the text of the Medical Faculty Code of Conduct follows:

UNC Physicians & Associates

Medical Faculty Code of Conduct

The Medical Faculty of the UNC School of Medicine is dedicated to providing the highest standards of medical service to the citizens of North Carolina and to all others within its care. Faculty members are subject and committed to ethical standards through membership in specialty societies and by becoming medical professionals. The Medical Faculty Code of Conduct stated here focuses on our role as clinicians. We are equally committed to the values embodied in all applicable University policies that address not only our clinical activities, but also our duties and responsibilities related to research and teaching. The Medical Faculty also unequivocally endorses and supports the Code of Conduct of the UNC Health Care System.

Patient Care

1. We provide the highest quality health care services without regard to race, color, sex, religion, national origin, age, sexual orientation, disability or method of payment. We recognize a patient's right to participate in decisions involving his or her health care and uphold a patient's right to formulate advance directives concerning his or her health care.
2. We value and respect the privacy of patients, limit access to patient information to those with a professional need to know, do not access such patient information without a professional need to know and safeguard medical records and other confidential patient information from accidental or intentional modification, destruction or disclosure.

Billing for Services Rendered

3. We bill, or cause to be billed, only services documented in the medical record to the full extent required for high quality patient care and in compliance with federal and state regulations and third party payer contracts.

Audits and Investigations

4. We cooperate with all government and approved internal audits and investigations, provide accurate information to internal and external auditors and investigators in accordance with legal requirements, do not provide false information nor destroy or alter any documents which have been requested as a part of an investigation or audit.

Work Environment

5. We do all that we can to foster a positive work environment by respecting and supporting the nursing staff, residents, fellows, students, other health care professionals and support staff.
6. We will not use, sell, purchase, transfer or possess illegal drugs or misuse legal drugs while on University or UNC Health Care System property or transacting University or UNC Health Care System business and will not report to work impaired by alcohol or drugs, including drugs prescribed by a physician and over-the-counter medications.

Business Operations

7. We recognize that cost efficiencies are essential to our ability to deliver health care services successfully. We are committed to identifying appropriate opportunities to reduce costs without compromising patient care.

Conflicts of Interest

- 8. Consistent with University policy and State and federal law, we avoid conflicts of interest in all aspects of our work as clinicians. We do not solicit or accept gratuities, bribes, kickbacks or illegal payments. We refer to University Counsel any questions that may arise concerning conflicts of interest or situations that could lead to illegal activity.

Violations of this Code of Conduct or of applicable University or UNC HCS policies could result in disciplinary action up to and including dismissal.

Questions concerning apparent breaches in the Medical Faculty Code of Conduct or the applicability of the Code to a specific situation may be addressed by calling the Compliance Office at 843-8638 or University Counsel at 843-1636. Those wishing anonymously to report concerns or alleged violations may do so by calling the Help Line, 800 362-2921, a special telephone answering service for anonymous compliance reports. Employees who report in good faith possible compliance issues, either directly or through the Help Line, are protected by the University’s no reprisal policy and will not be subjected to retaliation or harassment as a result of the report.

I have read, understand and, to the best of my ability, will comply with the Medical Faculty Code of Conduct, which appears above.

Name	Date
UNC Physicians & Associates	

3. Teaching Physician Standards

The underlying principles of the U. S. Centers for Medicare and Medicaid Services (CMS) regulations are clear: provide only medically necessary care, document accurately and comprehensively, bill only what is documented, and if a resident participates in the care, at a minimum be present during all key portions, except as otherwise provided in federal regulations. When a resident and teaching physician work together to provide a service for a patient, the role of the teaching physician must be appropriately documented if the teaching physician renders a bill.

In June 1996, CMS (then HCFA) released the CMS Part B Carrier Manual to all Part B carriers including the North Carolina carrier, CIGNA Medicare. The Carrier Manual provides substantial narrative explanation and clarification of the preceding principles. The CMS Part B Carrier Manual is the source of authority for the coding, medical record documentation and teaching physician documentation standards for all billings to Medicare.

In June 2000, the Teaching Physician Oversight Committee (TPOC) and the Compliance Office published “UNC P&A Medical Record Documentation Standards” and in January 1999, UNC P&A published “Summary of Regulations for Billing for the Services of Non-Physician Providers (NPPs)”. These two documents have been revised and are incorporated into this Compliance Plan as appendices A & B respectively. Both documents are congruent with and subordinate to the CMS Part B Carrier Manual.

4. Medical Record Documentation and Coding Responsibility

While clinical faculty are responsible for medical record documentation of the service provided to patients, three groups of individuals are involved in coding: teaching physicians, departmental/division support staff, and departmental and UNC P&A Professional Charges staff. For inpatient services, outpatient surgery and emergency room services, the departmental and UNC P&A Professional Charges staff assess the physician's documentation and determine the appropriate codes for billing as well as compliance with the teaching physician regulations. Responsibility for inpatient coding and compliance, for specific services, may be transferred from the UNC P&A staff to faculty physicians on an exception basis when documented by correspondence between the pertinent department chair and the President, UNC Physicians. For all other services, including clinic visits and minor procedures done in the clinics, the teaching physicians are responsible for documenting their presence and selecting the CPT code reflecting the level of service provided as well as the diagnosis code. Members of the clinic staff, when properly trained in coding, are permitted to assist the physicians in selecting the proper codes.

5. Mandatory Education

a. Standard Documentation and Coding Course

All teaching physicians, residents starting at UNC Hospitals after June 1, 2000, non-physician providers eligible to bill directly and the UNC P&A professional charges staff must participate in the Teaching Physician and Evaluation and Management Services Coding and Documentation course taught under the auspices of the Compliance Office. Training opportunities are offered monthly with prior announcements directed to those required to take the course, but who have not yet attended. The Compliance Office maintains an electronic database of all individuals required to attend with a code to indicate if a given individual has in fact attended.

b. Educational Medical Record Reviews

The Compliance Office undertakes cyclical pre-billing reviews of medical records for each clinically active teaching physician. The medical record review is focused at the level of divisions or small departments, and is targeted to identify inadequate medical record documentation and to use actual examples of acceptable documentation as teaching tools. The results of the reviews are shared with the respective clinical faculty and the Department Chair, as well as with the Compliance Officer, the Executive Associate Dean for Clinical Affairs, the President, UNC Physicians and the General Counsel. Reviews are focused on education. However, serious compliance problems are forwarded to the Compliance Officer, the Executive Associate Dean for Clinical Affairs, the President, UNC Physicians and the General Counsel for action in accordance with Section 11, below. Summaries of the medical record reviews are included in periodic reports to the Teaching Physician Oversight Committee and the UNC P&A Board.

c. Reviews with Department Chairs

The Compliance Officer periodically reviews departmental compliance and billing practices and policies with the clinical department chairs.

6. Role of Fellows

In no case is it permissible to bill for individuals included in the UNC Hospitals Medicare cost report. Fellows in a training program approved by the American Board of Medical Specialties (ABMS) or the American Council of Graduate Medical Education (ACGME) are considered to be residents for purposes of billing Medicare. Further, the fact that a fellow may not be counted for GME payment purposes does not make it allowable to bill a professional fee for the services of the clinical fellow in his/her own name. Not claiming the fellow under Part A does not automatically make billing allowable under Part B.

Situations that allow billing for services of a clinical fellow under Part B follow:

a. Services Provided Jointly by the Fellow and a Teaching Physician

If a fellow and a teaching physician provide the services jointly, the teaching physician may bill for the services if present for the key portion of the services for which payment is sought. The involvement of the teaching physician must be documented appropriately.

b. Fellows not in Approved GME Programs

If the fellow is not included in the Hospitals cost reports and is not in a training program certified by the ACGME and/or if a certificate by a member board of the ABMS is not available, the fellow may bill in his/her own name in any provider setting, provided the fellow is duly licensed in the state.

c. Moonlighting Arrangements

If the clinical fellow is in a training program certified by the ACGME and/or for which an ABMS member organization offers a certificate, the fellow may bill for services under a moonlighting arrangement either in his/her "home institution" or other institution. A separate contract must exist stating that the services provided are outside the scope of the fellow's training program. If moonlighting occurs at the home institution where the fellow trains, only outpatient services can be billed. The contract must indicate that a separate salary is paid for the outpatient services. The fellow cannot bill for inpatient services. Unless the moonlighting arrangement is in place the fellow cannot bill for services regardless of the specialty in which the service is rendered.

d. Fellows in Non-Provider Settings

A fellow duly licensed in the state may bill for services in his/her own name, regardless of whether the fellow is functioning within the scope of his/her GME program if: the fellow is providing services in a non-provider setting and the time the fellow spends in the non-provider setting is not counted for GME payment purposes.

7. Resolving Questions Concerning Documentation and Coding

The UNC P&A Professional Charges Division is available to assist physicians and staff with documentation and coding. The staff can be reached at 843-9766. Resolution of differences of opinion regarding documentation and coding is the responsibility of the Compliance Officer, in consultation with the President, UNC Physicians and the Executive Associate Dean for Clinical Affairs, with the advice of the General Counsel.

8. Compliance Officer

The Dean of the School of Medicine appoints the Compliance Officer to assist the clinical faculty in achieving compliance with federal/state regulations directed to documentation/coding and billing issues. The Compliance Officer reports to the Dean through the Executive Associate Dean for Clinical Affairs. The Compliance Officer assumes the following responsibilities:

- Resolving documentation/coding and billing issues in accordance with 7., above.
- Recommending policies to guide documentation/coding and billing issues;
- Facilitating efforts by clinical department chairs to meet compliance objectives;
- Recommending education and training materials;
- Supervising medical record reviews by staff and by external reviewers to evaluate compliance;
- Assisting department chairs, the Executive Associate Dean for Clinical Affairs, the Executive Vice President for Clinical Services, and the General Counsel in addressing compliance issues that arise from record reviews;
- Developing corrective action plans in consultation with the Executive Associate Dean for Clinical Affairs, the Executive Vice President, Clinical Services and the Senior Counsel to address compliance issues;
- Reporting at least annually, and more frequently if circumstances require, to the Executive Associate Dean, Clinical Affairs, the President, UNC Physicians, the Senior Counsel, and the Teaching Physician Oversight Committee on the effectiveness of the *Clinical Faculty Compliance Plan*;

- Recommending to TPOC indicated changes in the *Clinical Faculty Compliance Plan* that would improve the effectiveness and usefulness of the document.
- Meeting periodically with departmental administrative leadership to review compliance policy, procedures, and current issues; and
- Staying abreast of current practices and developments nationally and using his or her best efforts to keep appropriate Medical School personnel informed as well.

9. Reporting Compliance Issues, Including Anonymous Reporting

As a general matter, questions about compliance issues should be raised with one's supervisor. However, any University or UNC Health Care System employee may report to the Compliance Officer (843-8638), the Executive Associate Dean for Clinical Affairs (966-8622), President, UNC Physicians or the General Counsel (962-1219) any activity that they believe to be inconsistent with University policies or legal requirements regarding billing or any question or concern about possible unethical or fraudulent activity.

Persons who wish to report anonymously may do so to the above officers or may call the Help Line, 1-800-362-2921, a special telephone answering service for anonymous compliance reports. Employees who report in good faith possible compliance issues, either directly or through the Help Line, are protected by the University's no reprisal policy and will not be subjected to retaliation or harassment as a result of the report. Concerns about possible retaliation or harassment should be reported to the Compliance Officer, Executive Associate Dean for Clinical Affairs, President, UNC Physicians or General Counsel.

The Compliance Officer maintains a log of all reported compliance concerns from any source. This log records the issue, the department or division affected and the resolution of the problem. Periodically, the Compliance Officer will review the log with the Executive Associate Dean for Clinical Affairs, the President, UNC Physicians and the General Counsel. The log report must note any issues that remain open.

10. Investigating Compliance Issues

Whenever conduct that may be inconsistent with a billing policy or requirement is reported as provided above, and if the Compliance Officer determines that there is reasonable cause to believe that a compliance issue may exist, an inquiry into the matter is undertaken by the Compliance Officer with assistance as needed from the Executive Associate Dean for Clinical Affairs and the General Counsel. The Compliance Officer will notify the Department Chair immediately if an inquiry is undertaken regarding a faculty member in his or her Department. Upon completion of the inquiry, a written report will be prepared, and copies of the report will be provided to the Executive Associate Dean for Clinical Affairs, the President, UNC Physicians, the Department Chair, and the General Counsel. University employees must cooperate fully with any inquiries undertaken by the Compliance Officer.

Nothing in this Plan shall limit the authority of the Dean, Department Chair, University General Counsel, or Internal Auditor to conduct investigations or to act on his or her own initiative.

11. Corrective Action Plans

Whenever a compliance issue has been identified, through monitoring, reporting of possible issues, investigations, or otherwise, the Executive Associate Dean, Clinical Affairs has the responsibility and authority to take or direct that appropriate action be taken to address that issue. The Compliance Officer prepares a recommended corrective action plan. In developing a corrective action plan, the Compliance Officer must obtain advice and guidance from the Executive Associate Dean for Clinical Affairs, the President, UNC Physicians, the Department Chair, and the General Counsel. Clinical and billing personnel may be consulted, as appropriate. Copies of corrective action plans approved by the Executive Associate Dean, Clinical Affairs and the President, UNC Physicians should be provided to the faculty member, the Executive Associate Dean, Clinical Affairs, the President, UNC Physicians, the Department Chair, and the General Counsel.

Corrective action plans are 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 restrictions be imposed on billing by particular physicians or other health professionals, that repayment be made, or that the matter be disclosed externally. If it appears that certain individuals have exhibited a propensity to engage in practices that raise compliance concerns, the corrective action plan identifies 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. Sanctions may include reprimand, salary adjustments, monetary refunds, mandatory education at the physician's personal expense, removal from clinical service, suspension, or dismissal. Sanctions are imposed in accordance with applicable University policies.

12. Enhanced Technology

In 1998, UNC P&A and UNC Hospital funded a project to assure that all clinic notes are recorded electronically. The Clinic Transcription and Noting (CTN) Committee, chaired by the Chief Medical Information Officer (CMIO), was formed to give guidance to the project. The Compliance Officer is a member of the Committee and thus has an opportunity to review electronic templates, the security related to the electronic signature process and other compliance issues as they arise. The results to date of the CTN project have been outstanding. Clinic notes are more accessible, easier to read and easier to audit. The Compliance Officer and CMIO are responsible for taking reasonable measures to assure that the electronic noting and signature process does not lead to inadvertent fraud.

13. Carrier Liaison

The Compliance Office and other UNC P&A staff periodically meet with representatives from CIGNA Medicare, the North Carolina Medicare carrier, to review current Medicare Part B issues and regulations and to answer general and specialty-specific reimbursement questions. Similar contacts with EDS, the North Carolina claims administrator and the North Carolina Division of Medical Assistance, which administers the state's Medicaid program, are helpful in assuring compliance with North Carolina Medicaid program guidelines.

14. Teaching Physician Oversight Committee

The Teaching Physician Oversight Committee, chaired by the Executive Associate Dean for Clinical Affairs, and appointed by the dean, meets at least quarterly to ensure institutional compliance with CMS Medicare and Medicaid regulations. Among other duties, the TPOC:

- Provides overall guidance for the institution's efforts toward compliance with documentation/coding and billing issues;
- Reviews, revises and formulates policies regarding documentation/coding and billing issues;
- Facilitates efforts by clinical departments to implement compliance with regulations directed to documentation/coding and billing issues;
- Assists the Compliance Officer in developing corrective action plans to address compliance issues; and
- Evaluates periodic reports that assess the effectiveness of the *Clinical Faculty Compliance Plan*.