

Central State Hospital Plan

Subject: Compliance Plan

Annual Review Month: May

Responsible for Review: Chief Executive Officer

Last Revision Date: May 2008

I. Purpose:

The purpose of the Central State Hospital (CSH) Compliance Plan and the CSH Compliance Resource Manual is to ensure that all CSH employees understand the hospital's commitment to identifying, investigating and establishing procedures for submission of any required plans of correction of any activity or conduct that may diminish integrity of or jeopardize CSH's participation in Medicaid Services programs.

II. Policy:

It is the policy of CSH to promote and encourage its employees, sub-contractors and providers, vendors and any other affiliated organizations or persons that conducts business with CSH, to comply with all federal laws, rules, regulations, codes, and state laws relating to participation in CMS reimbursement program. CSH shall adhere to the following seven (7) basic elements of the CSH Compliance Program guidelines:

1. Written Policies and Procedures;
2. Designation of a Compliance Officer and a Compliance Committee;
3. Conducting Effective Training and Education;
4. Developing Effective Lines of Communication;
5. Enforcing Standards through Well-Publicized Disciplinary Guidelines;
6. Auditing and Monitoring;
7. Responding to Detected Offenses and Developing Corrective Action Initiatives.

III. Written Policies and Procedures:

1. Standards of Conduct:

DHR Personnel Policy 1201, Standards of Conduct and Ethics in Government* is the cornerstone for the Compliance Program for all CSH employees and is enforced to promote a clear commitment to compliance.

All employees of CSH are expected to maintain and exercise, at all times, the highest moral and ethical standards in carrying out their responsibilities and functions. Employees must conduct themselves in a manner that prevents all forms of impropriety, placement of self-interest above public interest, partiality, prejudice, threats, favoritism and undue influence.

CSH employees are required to cooperate and provide assistance with any investigation (see Department of Human Resources (DHR) Personnel Policy 1201, section G., 2).

Central State Hospital complies with the Georgia DHR Personnel Policy #1201 - "Standards of Conduct and Ethics in Government"* and CSH Policy 4.00, "Clients Rights and Organizational Ethics"** and those other policies in the resource manual.

2. Claim Development and Submission Process:

Claims must be submitted according to Center for Medicaid and Medicare (CMS) reimbursement guidelines, state laws, and other DHR rules and regulations. The CSH Billing Department utilizes the following guidelines to ensure billing and reimbursement.

A. **Billing**

The hospital only bills for medically necessary services and those that are ordered by a licensed physician or other licensed staff approved by the Medical Staff.

B. **Avatar System**

Various edits have been placed in the Avatar billing system to address specific requirements for Medicare and Medicaid. These edits are table driven and the tables are periodically reviewed and updated. These include edits for limited coverage, non-covered services, Medicare Secondary Payor diagnoses, age and sex specific procedures and diagnoses, and global periods for surgeries. Once services "hit" one of these edits on the Failed Compliance report in the Avatar system, they must be reviewed by appropriate staff to determine if they meet the criteria for billing.

*CSH Compliance Resource Manual #40

**CSH Compliance Resource Manual #5

C. **Medicare Hospital Manual, Pub. 10.**

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This manual, issued by the Health Care Financing Administration (HCFA), makes available to the hospital informational and procedural material needed for the prompt and accurate filing of claims for services furnished under the provisions of the Medicare program and Title XVIII the Social Security Act. The four chapters deal with general information about the scope of Part A and Part B insurance and the Medicare program in general; reimbursable services and requirements for payment; procedures and required admission notices; and detailed billing procedures.

D. **Medicaid Part I and Part II Policies and Procedures for Hospital Services.**

This manual contains the terms and conditions for receipt of medical assistance reimbursement in Georgia for hospital providers under the provisions of Title XIX of the Social Security Act. The information and procedures set forth in this manual enable providers and the Department of Community Health (DCH) to comply with the federal and state laws and regulations governing the Medicaid program administered by the Department, addressing issues specific to hospital services. It serves as a reference to the billing staff responsible for the submission of claims.

E. **Medicaid Part I and Part II Policies and Procedures for Physician Services.**

This manual contains the terms and conditions for receipt of medical assistance reimbursement in Georgia for physician services under the provisions of Title XIX of the Social Security Act. The information and procedures set forth in this manual enable providers and the DCH to comply with the federal and state laws and regulations governing the Medicaid program administered by the Department, addressing issues specific to physician services. It serves as a reference to the billing staff responsible for the submission of claims.

F. **Medicaid Part I and Part II Policies and Procedures for Nursing Facility Services.**

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This manual contains the terms and conditions for receipt of medical assistance reimbursement in Georgia for nursing facility services under provisions of Title XIX of the Social Security Act. The information and procedures set forth in this manual enable providers and the DCH to comply with the federal and state laws and regulations governing the Medicaid program administered by the Department, addressing issues specific to nursing home services. It serves as a reference to the billing staff responsible for the submission of claims.

G. Georgia Medicare News.

This is a monthly publication for Medicare Part B Providers, including reference materials for coverage of services, coding requirements, billing assistance, and updates.

H. Medicare Secondary Payor (MSP) Billing Guidelines.

This manual defines what circumstances must be met for Medicare to be the secondary payer for Medicare reimbursable services. It gives instructions on how to file secondary claims and how to compute MSP payments.

I. Georgia Uniform Billing Manual.

This manual serves as a comprehensive guide to completing each of the 86 form locators on the UB-92 claim form which is used to bill room and board charges and ancillary charges to Medicare, Medicaid, and commercial insurance.

J. Medicare Part B Physician's Billing Manual.

This manual serves as a comprehensive guide to completing each of the 33 items on the HCFA-1500 claim form, which is used to bill charges for professional services and injections to Medicare, Medicaid, and commercial insurance.

K. Medicare Alert Bulletins.

These are periodic updates issued by the Medicare intermediary, Blue Cross and Blue Shield of Georgia, which address all areas of concern about the Medicare program, administration of policy, coding and coverage issues, and submission of claims.

L. Local Medical Review Policies.

These are local medical policies implemented by the Medicare carriers to provide uniform medical policy for Medicare coverage of specific Part B services and to ensure that services being paid for by Medicare are medically necessary. If the diagnosis for the restricted service is not on Medicare carrier's predetermined list of covered conditions, Medicare will not pay for the test. These policies are used to update the limited coverage table of services in BHIS to prevent a claim from being submitted for non-covered services based on diagnosis.

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M. Records Retention

- (5) Appendix C of DMHDDAD Patient Cost of Care Policy and Procedures Manual provides record retention guidelines for billing and client rights issues. Medicare and Medicaid records are retained for a period of five years and then destroyed.

3. Medical Necessity–Reasonable and Necessary Services

Claims are only submitted for services that are medically necessary and ordered by a licensed physician or other licensed staff approved by the medical staff.

The medical record must be able to justify that the services are medically necessary and ordered by a physician or an approved licensed staff.

Claims must be submitted according to Medicare, Medicaid, and other regulatory Agency rules and regulations.

4. Anti-kickback and Self-Referral Concerns:

All purchases and contracts comply with the Georgia Vendor Manual.*

5. Office of Inspector General Exclusions–List of Excluded Individuals/Entities

CSH employees shall ensure contracting entities, individuals, and vendors conducting business with CSH, have not been placed on the List of Excluded Individuals/Entities (LEIE). The LEIE will be reviewed periodically for updates.

Exclusionary information may be obtained on the internet @:
<http://www.hhs.gov/org>.

A. Human Resources Management (HRM)

The HRM shall check the LEIE to ensure that newly hired employees have not been placed on the list. HRM will also periodically review the LEIE for updates.

***Compliance Resource Manual #55**

B. CSH Procurement Office

The CSH Procurement Office shall ensure entities/individuals that enter into purchasing agreements with CSH have not been placed on the LEIE. The CSH Procurement Office will also review the LEIE periodically for updates.

C. CSH Financial Services Office

The CSH Financial Services Office will review the LEIE prior to entering any individual/entity provider agreement to ensure the provider has not been placed on the LEIE. The Financial Services Office will periodically review the LEIE for updates.

IV. Designation of a Compliance Officer:

Each CSH employee is responsible for reporting any suspected violation of any infraction, unauthorized conduct, or abuse, in accordance with DHR Personnel Policy 1201, Standards of Conduct*. CSH administration shall appoint or designate a Compliance Officer to perform compliance tasks and monitoring. This employee shall report to the Chief Executive Officer (CEO) or designee.

Major Duties of the CSH Compliance Officer:

- A. Report any potential or actual violations of rules, regulations, or policies to the CEO or designee.
- B. Investigate any violation that may jeopardize participation in the HCFA Medicaid/Medicare program.
- C. Monitor the claim development and submission process to ensure full compliance of all federal regulations and state laws relating to reimbursement issues.
- D. Ensure corrective measures are in place and implemented to respond appropriately to any potential or admitted violation(s) and the prevention of similar occurrences.
- E. Reviews complaints (if appropriate will review employee, client, client representative, or guardian complaints) or questions relating to compliance issues.
- F. Routinely communicate any compliance concerns or efforts to the CSH Leadership Team and the Chief Executive Officer.

- G. Mechanisms shall be created and in place for routine monitoring of service agreements/contracts, vendor contracts to insure compliance of all federal regulations and state laws.
- H. The CSH Compliance Officer may recommend and participate in the development of specific task training (i.e. computer system updates, medical record documentation by physicians for reimbursement) if deemed necessary.

IV. Training and Education:

Training relating to compliance issues will be provided to CSH employees annually and in accordance with all applicable federal, state, the Joint Commission and HCFA, rules, regulations, and standards.

The CSH Staff Development and Training (SD&T) Department shall coordinate any compliance training (to include new employee orientation) with the CSH designated Compliance Officer. Any new compliance rules, regulations, or standards shall be presented to the SD&T for integration into any compliance related training curriculum.

V. Development of Effective Lines of Communication:

All CSH employees shall be informed of the Compliance Officer's telephone number, fax number, and e-mail address posted throughout CSH. This information shall be on all official bulletin boards.

The Compliance Officer communicates to the hospital's leadership team that no reprisals or retaliation shall occur to any employee, sub-contractors, providers or vendors that reports any alleged rules, regulations or policy infractions.

- A. The CSH Bulletin shall print information of interest relating to any compliance concerns or any newly published information distributed from HCFA.
- B. CSH supervisors shall encourage employees to come forward and communicate any concerns or violations relating to compliance issues.
- C. The CSH Compliance Hotline shall be utilized for the reporting of any observations of fraud, abuse, misconduct, or any other compliance related issue. The Hotline Number will be placed on each Official Bulletin Board at CSH.

IV. Enforcement of all Compliance Standards:

Failure to comply with DHR rules and regulations of the CSH Compliance Plan will result in disciplinary action (see DHR Personnel Policy 1601-A, Disciplinary Actions including Adverse Actions for Classified Employee or Disciplinary Actions and Separations of Unclassified Employees)*. The severity of disciplinary action taken will be contingent upon the level of non-compliance and repercussions implemented and will

be in accordance with the other guidelines described in the above DHR Policy. Disciplinary actions will be imposed equally and consistently with all employees.

V. Auditing/Monitoring:

Auditing and monitoring mechanisms shall be established as outlined in those tasks listed in III. 2. A-M. The CSH Compliance Officer shall establish other specific compliance mechanisms as deemed necessary.

VI. Responding to Compliance Offenses and Development of Corrective Actions

The Office of the Compliance Officer shall be the lead CSH department/employee responsible for responding to detected compliance violations or concerns.

The CSH Compliance Officer shall investigate to determine the reason(s) of any violation(s) or concern(s) relating to compliance issues. Subsequently, the Compliance Officer shall provide to the Leadership Team/CEO a detailed plan for the correction for any system(s) failure and may recommend types of disciplinary action, if warranted and appropriate.

VII. Conclusion

To promote a clear commitment to compliance, DHR Personnel Policy 1201, Standards of Conduct and Ethics in Government* will be the cornerstone for the Compliance Program for all CSH employees and shall be the prevailing source relating to employee behavior and compliance issues.

CSH shall encourage, and expect all employees to maintain and exercise, at all times, the highest moral and ethical standards in carrying out their responsibilities and functions. Employees will be expected to conduct themselves in a manner that prevents all forms of impropriety, placement of self-interest above public interest, partiality, prejudice, threats, favoritism and undue influence or in conduct, which may jeopardize CSH participating in the Medicare/Medicaid reimbursement.

CSH shall also expect and encourage all individuals or affiliations that conduct business with the hospital to exercise, at all times, the highest moral and ethical standards when which also removes any forms of impropriety or self interest.

***Compliance Resource Manual #49**

This plan has been approved by the CEO and CMO in July 2008.