



**EVMS**  
HEALTH SERVICES

*Patient-Centered Quality Care*

EASTERN VIRGINIA MEDICAL SCHOOL  
HEALTH SERVICES

Compliance Program  
POLICY AND PROCEDURE  
MANUAL

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## Introduction

Eastern Virginia Medical School (“EVMS”) Health Services has a strong and abiding commitment to ensuring that its affairs are conducted in accordance with applicable law. A critical focus of any compliance plan for an academic health center relates to professional fee reimbursement. Compliance in this area is challenging because the regulatory requirements governing such reimbursement are complex and changing. To underscore and enhance its commitment and to better assist all employees, including faculty physicians, in this area, EVMS Health Services is implementing an expanded compliance program for professional fee reimbursement. The compliance plan has the following key features:

- Designation of an EVMS Health Services official responsible for directing the effort to enhance compliance, including implementation of the Plan;
- Incorporation of standards and policies that guide EVMS Health Services personnel with regard to professional fee billing;
- Development of compliance initiatives at the Department level;
- Coordinated training of clinical staff and billing personnel concerning applicable billing requirements and EVMS Health Services policies;
- A uniform mechanism for employees to raise questions and receive appropriate guidance concerning professional fee billing;
- Regular chart and billing reviews by EVMS Health Services employees to assess compliance and to identify potential issues;
- A process for employees to report instances of possible non-compliance and for such reports to be fully and independently reviewed;
- Regular reviews of the overall compliance effort, including Department-specific plans, to ensure that billing practices reflect current requirements and that other adjustments are made to improve the program;
- Formulation of corrective action plans to address any instances of non-compliance with EVMS Health Services policies or billing requirements.

The compliance program described in this document is intended to establish a framework for legal compliance by EVMS Health Services. It is not intended to set forth all of the substantive programs and practices of EVMS Health Services that are designed to achieve compliance. EVMS Health Services already maintains various compliance practices and those practices continue to be a part of its overall legal compliance efforts.

This program applies to all providers of patient care (defined as anyone documenting anything in a patient chart) and anyone responsible for:

- Charge tickets/billing
- Coding diagnosis from narrative
- Scheduling patients
- Registering patients
- Collecting of co-pays for patient encounters
- Providing any patient service
- Supervising any of the aforementioned



# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Accuracy and Storage of Records</b>	<b>DATE: 1/23/2002</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: Aug-03</b>	<b>Page 1 of 2</b>

**PURPOSE:** To ensure that records of all kinds, including medical records, are complete, accurate and maintained in a safe storage environment.

**POLICY:** 1. Medical and business records are to be complete, accurate, and reliable. All records, books, documents, computer records, electronic media, data, and files are to be prepared properly and completely.

2. Employees shall be informed and trained to the extent necessary to properly and accurately complete the various records for which they are responsible. Staff whom feel they are inadequately trained or informed should address this issue with their supervisors or managers.

3. Records are to be maintained for the duration of time specified by federal or state laws and regulations, or for the time specified by foundation policy, whichever is longer. Financial records should be maintained for a period of five years, to comply with the provisions of the Social Security Act as it relates to foundation cost reporting. Medical records should be kept in storage indefinitely, in a secure location with an approved vendor bound by the terms of a business associate agreement. (See HIPAA policy and procedure manual.) Records retained due to HIPAA Privacy regulations must be maintained in the medical record for at least six years from date of entry. Disposal of any type of medical or business record should be properly researched, documented, and authorized.

4. All records of the foundation are considered confidential. Records which contain individually identifiable information, such as medical records, phone messages, receipts, etc., should be maintained in complete confidence in accordance with HIPAA and state laws. All personnel shall sign a confidentiality statement, and receive HIPAA Privacy training prior to accessing, using or disclosing confidential information at EVMS.

5. Employees are cautioned that they are responsible for providing accurate and timely information in any and all records at EVMS. Never enter false or misleading information into patient or business records. All information should be verified for accuracy and reliability and authorized as necessary by a supervisor or manager.

EASTERN VIRGINIA MEDICAL SCHOOL

# HEALTH SERVICES

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## PROCEDURE (CONT'D.)

6. Records are to be maintained and stored in proper storage and maintenance facilities. It is recommended that double copies of all electronic media related to business or patient records be maintained and that these media be stored in locked, fireproof storage, with one copy stored off-site in similar facilities. Medical record information that has not been accessed in three years can be stored through scanning into electronic media, photographically copied to microfiche, or stored in hard copy. In all cases, medical records in storage should be identified with patient name, social security number and patient number. A master index should be placed in the box and maintained in the medical records department or on a readily accessible computer, and should be available for immediate access at all times by medical personnel.

7. Agents of EVMS who manage, control, maintain, access, use or disclose health records on behalf of EVMS must sign a business associate agreement. Agents or vendors who fail or refuse to sign an approved EVMS business associate agreement will be removed from the EVMS approved list of vendors.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Claims for Professional Fee Reimbursement</b>	<b>DATE: 01-08-97</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 01-04-2000</b>	<b>Page 1 of 1</b>

**PURPOSE:** The establishment of policy guidelines for proper coding, documentation, and claim submission for professional fee reimbursement.

It is the policy of the EVMS Health Services that all claims for professional fee reimbursement use the proper code for the services provided, that the documentation in the medical record supports the code, and that the claim is submitted in the name of the appropriate provider. To guide physicians, other health professionals and billing personnel in meeting this objective, the Compliance Officer shall, with the assistance of legal counsel, review existing policy statements, revise those statements as necessary, and develop any additional statements that seem advisable. EVMS Health Services' policies concerning billing, as those policies may be changed periodically, should be considered an integral part of this Plan.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Clinical Audit Program</b>	<b>DATE: 11-15-1996</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 1 of 3</b>

**PURPOSE:** Billing audits compare charge data from a provider’s bill with the provider’s clinical documentation. The purpose of these audits is to determine whether all clinical items or services appear on the bill, and/or whether the provider’s clinical documentation substantiates or supports the services billed.

Audit activities are performed to determine: 1) the need to bill or re-bill a payer for charges that were not originally incorporated on a claim; 2) the need to make adjustment(s) for items or services that are not sufficiently documented yet were claimed; or, 3) the need to validate the accuracy of clinical documentation and the billing process and when necessary, to improve the accuracy in such areas.

Inappropriate billing practices add extra costs to the administration of the billing and claims process and to the overall administration of health care. The purpose of these guidelines is to eliminate inappropriate practices wherever they exist. Therefore, it is the responsibility of the provider to take steps, whenever possible, to improve these processes.

**PROCEDURE:** This procedure is for audits that relate to the documentation and support of charges included in or omitted from a bill. Billing audits and, therefore, these guidelines do not address questions concerning the scope of care in respect to clinical judgment or the pricing structure of services.

- The Clinical Auditor will select a sample of both in-patient and out-patient invoices rendered by the Provider during the last 90 days.
- Each invoice to be audited will be printed from the IDX BAR system.
- The review will be conducted on-site based on where the service was provided.
- A written request for all necessary documentation will be sent to the Office Manager allowing sufficient time to pull all requested information. The notice will also be sent to the Medical Director, Departmental Chairman, and Departmental Practice Manager.
- Documentation will be reviewed and compared to the billing information as entered into the BAR system. The review will focus on the following criteria:

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**PROCEDURE (CONT'D.):**

- the medical record adequately justifies the frequency and type of services billed;
  - the CPT and ICD-9 codes are accurately identified and linked appropriately;
  - modifiers are selected and used when documentation supports their usage;
  - each entry is dated and corresponds to the service billed;
  - EVMS Health Services Documentation Requirements are being met.
- A preliminary audit report outlining each invoice in detail will be completed with specific emphasis on documentation and/or billing patterns. This report will be forwarded to each provider involved in the audit.
  - Recommendations addressing billing and documentation issues will be included in the preliminary report. Claim adjustments may be requested when erroneous billing has been identified.
  - The providers will then respond to the Clinical Auditor, either in person or in writing within three (3) weeks from the date of the report, to discuss the findings and recommendations. Final recommendations will be presented at this time. Should a provider and the Clinical Auditor disagree on the recommendations, the provider, Auditor, Medical Director and Executive Director will meet to resolve the disagreement.
  - A final report containing a brief summary of findings and the final recommendations will be sent to each provider, Departmental Chairman, Departmental Practice/Office Manager, to the President of Health Services and to the Executive Director of Health Services.
  - A summary of all audits will be reported to the Audit Committee on a Quarterly basis with detailed reports provided as necessary.
  - Significant deficiencies identified will be followed up with a repeat audit. The follow-up audit will be performed 60-90 days following the date of the final report and will follow the guidelines as outlined above.

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<b>POLICY: Clinical Audit Program</b>	<b>DATE: 11-15-1996</b>	
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## **PROCEDURE (CONT'D.)**

- Should deficiencies still be identified, a meeting will be held with the provider, Clinical Auditor, the Departmental Chairman, Medical Director, and Executive Director. A mandatory corrective action plan will be developed at this time.
- A second follow-up audit will be performed 30 days from the agreement of the corrective action plan.
- If the corrective action plan has not been followed, the provider, Departmental Chairman, Medical Director, Executive Director, and the Dean/Provost will be notified.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Code of Conduct</b>	<b>DATE: 09-27-2000</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 1 of 4</b>

**PURPOSE:** EVMS Health Services is committed to the care and improvement of human life through patient care. As recognition of this statement, we will strive to deliver high quality, cost effective healthcare to our patients.

The following are essential in the pursuit of this statement.

- Each individual is unique and of intrinsic worth.
- We treat all we serve with compassion and kindness.
- Absolute honesty, integrity and fairness are applied to the way we conduct business.
- All employees are valuable members of our healthcare team and we treat one another with loyalty, respect and dignity.

This Code of Conduct provides guidance to all EVMS colleagues and assists us in operating within appropriate ethical and legal standards. This obligation applies to relationships with patients, employees, physicians, third-party payers, vendors, consultants and one another.

### **OUR COMMITMENT:**

**To our patients:** to provide quality care that is sensitive, compassionate, prompt, cost effective and confidential.

**To our employees:** to provide a work setting which treats all employees with fairness, dignity, and respect, and allows an opportunity to develop professionally in an environment where ideas are considered.

**To our third-party payers:** to maintain our commitment to contractual obligations, integrity in all billing practices and concern for quality healthcare through efficiency and cost effectiveness.

**To our regulators:** to an environment where compliance and sound business practices are a part of our corporate culture.

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<b>POLICY: Code of Conduct</b>	<b>DATE: 09-27-2000</b>	
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**PURPOSE (CONT'D.):**

**To the communities we serve:** to understand the healthcare needs of the communities we serve and to provide quality, cost-effective healthcare for these communities.

**To our suppliers:** to provide fair competition among suppliers and to the sense of responsibility required of a good customer.

**OUR RELATIONSHIPS WITH: Patients** - Our mission is to provide quality healthcare to all our patients. Patients are treated with respect and dignity and we provide care that is necessary and appropriate. No distinction is made in the care we provide based on race, color, religion or national origin. Patients are treated in a manner that preserves their dignity, autonomy, self-esteem and civil rights.

Patients are assured involvement in all aspects of their care. Patients are provided with a clear explanation of care that includes at least a diagnosis, treatment plan, right to refuse or accept care, estimates of treatment costs, and the risks and benefits associated with available treatment options.

Patients will receive appropriate confidentiality, privacy and an opportunity for resolution of complaints. Patients can expect that their privacy will be protected and that patient specific information will be released only to persons authorized by law or by the patient's written consent.

**Physicians** - All business arrangements with or by physicians must be structured to ensure compliance with legal requirements. All such arrangements must be in writing and approved by the Executive Director.

We accept patient referrals based solely on the patient's clinical needs and our ability to render the needed services. We do not pay or offer to pay colleagues, physicians or other persons for referral of patients. This includes the appearance of payment by offering professional courtesy to physicians, their families or others.

**Third-party payers** - We will take care to assure that all billings to government and private insurance payers are truthful and accurate and that they conform to all pertinent federal and state laws and regulations. We prohibit any employee from knowingly presenting claims for payment or approval which are false or fraudulent.

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**PURPOSE (CONT'D.):**

We will maintain oversight systems to verify that claims are submitted only for services actually provided. These systems will emphasize current and accurate medical records with complete and accurate documentation of services provided.

We will be compliant in dealing with any billing inquiries. Requests for information will be answered with timely, complete, factual and accurate information.

**Regulators** - We will comply with all applicable laws and regulations. We will cooperate with all government inspectors and provide them with the information to which they are entitled during an inspection or audit.

Under no circumstances will any requested documents be concealed, altered or destroyed. No employee will knowingly make misleading statements, fail to provide accurate information or delay the communication of information or records relating to a possible violation of the law.

We will provide employees with the information and education they need to comply with all applicable laws and regulations.

**Records** - Medical and business documents and records are retained in accordance with the law and our record retention policy.

**Employees** - Each employee has the right to work in an environment free of harassment. Degrading or humiliating jokes, slurs, intimidation or other harassing conduct is not acceptable. Any form of sexual harassment is strictly prohibited. Harassment also includes incidents of workplace violence or theft.

## EMPLOYEE RESPONSIBILITIES

It is expected that each employee will perform his/her job functions in a manner that is appropriate with ethical and legal standards.

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**PURPOSE (CONT'D.):**

Each employee has an individual responsibility to report any activity that appears to violate applicable laws, rules, regulations or this Code. There will be no retribution or discipline for anyone who reports a possible violation in good faith. It is hoped that employees will feel free to discuss any violation with their supervisor, but an anonymous Compliance Hotline will be maintained for those who wish to make reports.

Employees (physician, technical, nursing, etc.) in positions which require professional licenses, certifications, or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with federal and state requirements applicable to their respective disciplines. Evidence of current license or credential status will be required.

### **RESPONSIBILITIES TO OUR EMPLOYEES**

We are committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity and respect. We will comply with all laws, regulations, and policies related to non-discrimination in all personnel actions. These actions include hiring, transfers, terminations, evaluations, recruiting, compensation, corrective action, discipline and promotions.

Policies have been developed to protect our employees from potential workplace hazards in accordance with applicable laws.

When reports of possible problems or misconduct are made, we are committed to investigate reported concerns promptly and confidentially to the extent possible. We will make every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct.

### **CORRECTIVE ACTION**

When an internal investigation substantiates a reported violation, it is our policy to initiate corrective action, including making prompt restitution of overpayments, notifying the appropriate governmental agency, instituting disciplinary action and implementing systemic changes to prevent a similar violation from recurring in the future.

This code of conduct is modeled after portions of HCA The Healthcare Company's *Code of Conduct*.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Compliance Hot-Line</b>	<b>DATE: 08-24-1999</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 1 of 2</b>

**PURPOSE:** To allow employees access to an anonymous mechanism for requesting review of documentation or coding compliance issues that may need investigation and/or correction.

**PROCEDURE:** Access to a computer on the EVMS campus with connection to the EVMS Intranet is necessary to utilize this hotline. If a computer is not readily available for you to use in your department, some are located in the computer lab in the library in Lewis Hall. You will need to show your EVMS ID to gain access to the computer lab.

- With the computer terminal on, use the mouse to move the arrow to either the Netscape or Microsoft Internet Explorer icon. Double click on the chosen icon with the mouse using the left finger button. This will bring up the Internet function.
- Using the mouse, move the arrow to the Address box and click with the left finger button to highlight the current address. Type info.evms.edu <enter>. This brings up Eastern Virginia Medical School Intranet Pages.
- With the mouse, move the arrow to Compliance and click. Then choose Compliance Department and click; then choose Compliance Hotline and click. This brings up the EVMS Health Services Compliance Hotline Center reporting document.
- You may request confidentiality by moving the arrow to the small box and clicking with the mouse.
- You will see a box for you to enter a password of your choosing. This password will be unique to your report. Please enter a password of 6 characters. Write down the password so that you will be able to return to the Compliance page and read the results of the investigation into your request.
- Name is not required. You may type in your name, if you wish. You may use either the mouse or the Tab key to move to the next boxes in the document.
- Department is required to do a proper investigation of your request. Please type in your department name.

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## PROCEDURE (CONT'D.):

- In the large box, type in detail the situation that you wish to report. Please be as specific as possible. Remember to use the mouse or Tab key to continue to the next section of the document.

- Answer the next questions as appropriate. Please remember, the more information you give us about the situation, the more thoroughly we can investigate.

- We encourage you to record your password before you send your request so that you may return to this site to see the progress of the investigation. It may be necessary for us to have additional information. We will only be able to contact you through this site using the password. You may also use this password to add to the information you have already given.

- Using the mouse, click on SEND YOUR REQUEST. This will forward the document to the Clinical Auditors. **\*\* Please Note\*\*** A box will pop up warning that by sending this message your e-mail address can be traced. This is a standard Microsoft warning. We do not have the ability to trace e-mail. If you are truly concerned, please use a computer in the library computer lab.

Please use the following procedure to access the results of the investigation into your request. You may use your password in two days to verify that we have received your request. It may take several weeks to complete the investigation.

- With the computer terminal on, use the mouse to move the arrow to either the Netscape or Microsoft Internet Explorer icon. Double click on the chosen icon with the mouse using the left finger button. This will bring up the Internet function.

- Using the mouse, move the arrow to the Address or Location box and click with the left finger button to highlight the current address. Type <http://hsmail.evms.edu/> (the password you chose).htm<enter>. example: <http://hsmail.evms.edu/around.htm> This will bring up the document that contains a summary of the investigation results.

- If we need further information from you, it will be requested at this site.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Compliance Officer</b>	<b>DATE: 01-08-1997</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 01-04-2000</b>	<b>Page 1 of 2</b>

**PURPOSE:** A Compliance Officer will be appointed to develop, oversee, plan, implement, and monitor the EVMS Health Services Compliance Program.

Responsibility for implementing and managing the Compliance Plan shall be assigned to the Compliance Officer. The Compliance Officer will, with assistance of counsel where appropriate, perform the following activities:

- The review, revision, and formulation of appropriate policies to guide billing of professional fees by the practice plan;
- The review, revision, and approval of Department compliance plans, including Department policies relating to billing and documentation;
- The review and approval of training materials and programs;
- The oversight of chart and billing reviews conducted by internal auditors;
- The review of any inquiries concerning billing or reports of non-compliance by determining whether a compliance issue exists and if so, developing an appropriate response;
- The development of appropriate corrective action plans to address any compliance issues; and
- The preparation of an annual report that summarizes the compliance effort, both for EVMS Health Services as a whole and for individual Departments, and identifies changes that will be made to enhance compliance.

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<b>POLICY: Compliance Officer</b>	<b>DATE: 01-08-1997</b>	
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The Compliance Officer shall work closely with representatives of EVMS Health Services, the Departments, and billing personnel to foster and enhance compliance with all applicable billing requirements. The Compliance Officer shall have the authority to supervise specific billing practices, including, but not limited to: 1) the use of particular codes for designated services, 2) the procedures and practices used to handle billing, and 3) the imposition of restrictions on billing by particular physicians, or groups of physicians, or other health professionals. Before directing specific billing practices, the Compliance Officer should consult with other EVMS Health Services personnel, including, for example, the Executive Director and then the Chair of the affected Department, in an effort to resolve issues through consensus. The authority of the Compliance Officer shall extend to all billing for clinical services--whether on a fee for service basis or otherwise-- provided by EVMS Health Services employees.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Compliance Plan Revisions</b>	<b>DATE: 01-08-1997</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 01-04-2000</b>	<b>Page 1 of 1</b>

**PURPOSE:** To establish a mechanism to review the compliance plan and make revisions as necessary.

This Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the health care system as a whole. The Plan should be regularly reviewed to assess whether it is working. The Plan should be changed as experience shows that a certain approach is not effective or suggests a better alternative. To facilitate appropriate revisions of the Plan, the Compliance Officer should prepare a report, at least annually, that describes the general compliance efforts that have been undertaken during the preceding year and that identifies any changes that might be made to improve compliance. This report should be circulated to the EVMS Health Services President, the EVMS Health Services Executive Committee, the EVMS Health Services Audit Committee, and others with an interest in compliance for their comments about possible revisions to the Plan.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Corrective Action Plans</b>	<b>DATE: 01-08-1997</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 01-04-2000</b>	<b>Page 1 of 1</b>

**PURPOSE:** To establish a corrective action plan whenever a compliance issue has been identified.

Whenever a compliance issue has been identified, through monitoring, reporting of possible issues, investigations or otherwise, the Compliance Officer should develop a plan to address that issue. In developing a corrective action plan, the Compliance Officer may obtain advice and guidance from EVMS Health Services' legal counsel. There will also be consultation with the EVMS Health Services President and appropriate clinical and billing personnel, if necessary.

Corrective action plans should be 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 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. Sanctions or discipline, in accordance with the EVMS Health Services rules, may also be recommended. If it appears that certain individuals have exhibited a propensity to engage in practices that raise compliance concerns, the corrective action plan should identify actions that will be taken to prevent such individuals from exercising substantial discretion with regard to billing.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Departmental Implementation Plans</b>	<b>DATE: 01-08-1997</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 01-04-2000</b>	<b>Page 1 of 1</b>

**PURPOSE:** Each Clinical Department shall appoint a faculty member to serve as the Compliance Leader for departmental billing activities. The Departmental Compliance Leader will coordinate departmental compliance activities with the Compliance Officer. The Compliance Officer will develop a program to ensure regular contact with the Compliance Leaders.

Each Clinical Department shall prepare a plan to address compliance efforts on a departmental basis. Before becoming effective, such plans shall be reviewed and approved by the Compliance Officer to ensure consistency with overall policies. If the Compliance Officer has concerns about the content of any departmental plan, he should consult with the Department Chair and appropriate representatives of Health Services to explore whether the plan can be modified through mutual agreement. If such consultations fail to resolve the Compliance Officer’s concerns, the Compliance Officer has the authority, with the approval of the EVMS Health Services President, to modify the departmental implementation plan. The departmental plans shall, at a minimum, include the following features:

- Written policies and procedures for any billing activities undertaken by departmental personnel;
- Educational and training programs, as coordinated with the Compliance Officer and Health Services, to address billing issues of particular importance to the Department;
- A program for ensuring, and documenting, that all new department personnel, including faculty and housestaff, receive training with regard to proper billing;
- A program for routine “spot checks” of departmental billing to review compliance, with the results of such reviews being reported to the department’s Compliance Leader and to the Compliance Officer; and
- An annual review of the existing compliance plan in order to identify the need for changes and to identify specific compliance objectives during the succeeding year.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Education and Training Program</b>	<b>DATE: 01-08-1997</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 01-04-2000</b>	<b>Page 1 of 1</b>

**PURPOSE:** The establishment and implementation of a compliance educational and training program.

The Compliance Officer shall be responsible for disseminating EVMS Health Services' policies concerning billing. To accomplish that objective, the Compliance Officer will work with representatives of the Departments and Health Services to ensure that there is a systematic and ongoing training program that enhances and maintains awareness of billing policies among existing staff and that introduces new personnel to EVMS Health Services' billing policies. All training materials directed to billing issues will be submitted to the Compliance Officer for review and approval before being used.

Training shall be mandatory for all physicians, other health professionals who bill for their services, billing personnel and all others who have an impact on the billing process, and a system will be developed to document that such training has occurred. Moreover, the Compliance Officer can require that physicians, other health professionals who bill for their services, and/or billing personnel attend training sessions on particular issues. The training materials will identify the specific people who should be contacted by physicians or billing personnel about billing questions.

No outside billing consultant may be retained by any Department without the review and concurrence of the Compliance Officer. If there is a disagreement about the need or appropriateness of seeking such consultation or about the suitability of the proposed consultant, the EVMS Health Services President shall make the final decision about whether the consultant should be retained.

EASTERN VIRGINIA MEDICAL SCHOOL  
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<b>POLICY: Fellowship Billing Guidelines</b>	<b>DATE: 08-17-1999</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 1 of 3</b>

**PURPOSE:** To establish guidelines to cover billing for professional services rendered with or by fellows.

**PROCEDURE:**

***I. FELLOWS IN ACCREDITED/CERTIFIED FELLOWSHIPS***

**A. Services Provided Within the Fellowship Program**

1. General Rule

Fellows in accredited residencies or those which are certified by the specialty board may not bill for services provided within the fellowship program, whether or not the physician is otherwise licensed to practice medicine in Virginia, except fellows may bill for services furnished in non-provider settings, such as clinics and physician offices in connection with the fellowship program if all of the requirement in paragraph A.2 below are met.

2. Services in Non-Provider Settings Such as Clinics and Physician Offices

Fellows may bill for services furnished in non-provider settings such as clinics and physician offices in connection with the fellowship program if all of the following requirements are met:

a) The fellow is fully licensed to practice medicine in the Commonwealth of Virginia [the license is on file in the Office Graduate Medical Education and the fellow has malpractice insurance].

b) The time spent in patient care activities in the non-provider setting is not included in teaching hospital's full-time equivalency resident count for the purpose of direct program payments.

c) No payment is made for the services of a teaching physician.

d) The carrier must apply the physician fee schedule payment rules for payments for services furnished by a resident in a non-provider setting.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Fellowship Billing Guidelines</b>	<b>DATE: 08-17-1999</b>	
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## B. Moonlighting Services Outside the Scope of the Fellowship Program

### 1. General

If approved by the fellowship Compliance Officer, the fellow may participate in moonlighting activities outside the scope of the fellowship program and bill for clinical activities under the following provisions:

a) The fellow is fully licensed to practice medicine in the Commonwealth of Virginia [the license is on file in the Office of Graduate Medical Education] and the fellow has obtained independent malpractice insurance.

b) A separate contract for the moonlighting activities must be executed and delivered by the fellow and the person or entity for whom services will be provided designating the scheduled moonlighting activities and describing the clinical responsibilities of the fellow. The services provided must not be related to the clinical activities of the fellowship and the contract must provide for an absolute separation of the clinical activities of the fellowship and the moonlighting activities.

c) A copy of the executed contract described in paragraph B.1 b) above must be attached to the Eastern Virginia Medical School Resident/Fellow/Intern contract.

### 2. Moonlighting Services Performed in Hospitals in which the Fellow Has Fellowship Program

a) Moonlighting services performed in hospitals in which the fellow has his/her approved fellowship program may not include any services whatsoever to inpatients. Moonlighting services provided in any such teaching hospitals in which the fellow is training are limited to out-patient or emergency room services, and any services provided must be outside the scope of the fellowship program.

b) The separate contract for the moonlighting activities described in paragraph B1. b) must provide as follows:

(1) The services to be provided are identifiable physician and meet the conditions for payment of physician services to beneficiaries.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

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(2) The services performed can be separately identified from those services that are required as part of the fellowship program.

(3) The fellow is fully licensed to practice medicine in the Commonwealth of Virginia.

c) No payment may be made whatsoever for the services of a teaching physician.

d) The time spent furnishing the services must not be included in the teaching hospital's full-time equivalency count for the indirect program payment and for the direct program payment.

3. Moonlighting Services Performed in Hospitals other than Hospitals in Which the Fellow has Fellowship Program.

The paid clinical activities conducted in a hospital other than a hospital in which the fellow has his approved fellowship program may include inpatient services but may not include those clinical services for which the fellow is in training. All services provided must be outside the scope of the fellowship program. The time spent furnishing the services must not be included in the teaching hospital's full-time equivalency count for the indirect program payment and for the direct program payment.

## ***II. FELLOWS IN NON-ACCREDITED/NON-CERTIFIED FELLOWSHIP PROGRAM***

Fellows in training programs which are not accredited by the Accreditation Council for Graduate Medical Education and for which the associated specialty board does not offer certification may bill for in-patient and out-patient clinical activities within their training program. The fellow must be fully licensed to practice medicine in the Commonwealth of Virginia and a copy of the license must be on file in the Office of Graduate Medical Education. A fellowship/chief resident description form must be on file in the Office of Graduate Medical Education for each fellow participating in the program. These forms are available through the Office of Graduate Medical Education and must be attached to the fellow/chief resident Eastern Virginia Medical School contract prior to the beginning of the fellowship.

NOTE: If the fellow is authorized to practice only in a hospital (for example, individuals with temporary or restricted licenses, or unlicensed graduates of foreign medical schools), special rules may apply with regard to reimbursement. In such cases, please contact the Office of Graduate Medical Education.

# EASTERN VIRGINIA MEDICAL SCHOOL

## HEALTH SERVICES

<b>POLICY: Government Agency Contact Guidelines</b>	<b>DATE: 08-22-2000</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 1 of 5</b>

**PURPOSE:** Limit EVMS Health Services potential liability that can arise from unauthorized requests or inaccurate and incomplete disclosures.

Operate as an educational tool to ensure that employees understand their obligations and rights.

**POLICY:** If you are contacted in person at work by an agent of the government (Office of Inspector General--OIG, Federal Bureau of Investigation--FBI, Occupational Safety and Health Administration--OSHA, Centers for Medicaid and Medicare Services--CMS, etc), report the contact immediately to your supervisor and the Executive Director of EVMS Health Services, who in turn will contact the Vice President of Administration and Finance, the Provost and Dean, and the EVMS President.

If an agent arrives at your home and wants to speak to you, remember that you have rights regarding the meeting.

**PROCEDURE:** Any phone contact from a government agency ( Office of Inspector General--OIG, Federal Bureau of Investigation--FBI, Occupational Safety and Health Administration--OSHA, Centers for Medicaid and Medicare Services--CMS, etc.) while you are at work or at home will be recorded in memo format and kept on file. This memo will contain:

1. name of the person contacting EVMS
2. their title
3. agency,
4. address and phone number
5. nature of the information requested

Report this contact, along with a copy of the memo, immediately to your supervisor and the Executive Director of EVMS Health Services, who in turn will contact the Vice President of Administration and Finance, the Provost and Dean, and the EVMS President.

The Executive Director with the help of the EVMS Health Services attorney will make the decision to release requested information. Once a decision is made, the Office of Public Affairs will be notified.

If the contact is in person while you are at work, the agent must provide proper identification.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Government Agency Contact Guidelines</b>	<b>DATE: 08-22-2000</b>	
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## **PROCEDURE (CONT'D.):**

1. get the agent's business card **or**
2. write down the agent's name
3. title and foundation
4. address
5. telephone number
6. record the nature of the visit.

Notify your supervisor and the Executive Director of EVMS Health Services immediately. The EVMS Health Services attorney should be summoned by the Executive Director of EVMS Health Services.

Any documents that the agent wants must be specified in writing. You normally have 24 hours to produce the documents according to IG handbook. Agents can demand records be delivered immediately if they believe the records will be altered or destroyed.

If agents want to wait while documents are gathered, have them wait by themselves in a room that doesn't contain any files or documents.

A random search of the office should not be allowed. They can look around but not go through records. They need to have a search warrant to look through any records or files.

If an agent arrives at your home and wants to talk, consider your rights carefully before beginning the conversation.

In either of the above scenarios consider the following:

**Does the agent have a subpoena or search warrant?  
IF NO:**

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## **PROCEDURE (CONT'D.):**

- You do not have to talk to the agent. You may refuse to cooperate. The agent may offer leniency in return for cooperation. The agent cannot guarantee this leniency, only prosecutors can offer leniency. Only judges can offer a reduced sentence.

- If you decide to talk to the agent you need not talk to them immediately. You can choose the time, place and whom you want present.

- You have the right to have an attorney present. The EVMS Health Services attorney can also be present. If the EVMS Health Services attorney is not present, you must meet with him/her immediately afterwards. It is hard to remember what was said as time elapses. This is important because EVMS may not have any idea what is being investigated.

- You have the right to have the interview taped or not taped as you wish. If you allow agents to tape the interview, you have a right to a copy of the tape.

- You can terminate the interview when and if you wish.

- If you decide to talk with the agent, you must tell the truth as you know it. There are laws that prohibit false statements to the government.

- Understand that even if the agents do not tell you, anything that you say can be used against you.

- **Always cooperate and keep cool**

**Does the agent have a subpoena?**

**IF YES:**

- Accept the subpoena but do not engage in conversation with the agent.

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**PROCEDURE (CONT'D.):**

- Ask for:
  1. his/her business card **or**
  2. record the name
  3. title
  4. phone number and
  5. address of the agent.
  
- Contact your supervisor and the Executive Director of EVMS Health Services immediately. The EVMS Health Services attorney should be summoned.
- An attorney should **always** be present before anything is said. Professional counsel will be involved in all communications from this point.
- **Always cooperate and keep cool**

**Does the agent have a search warrant?  
IF YES:**

- Contact your supervisor and the Executive Director of EVMS Health Services immediately.
- Stay silent, do not engage in conversation with the agent/s or answer any questions until the EVMS Health Services attorney arrives.
- The Executive Director or the Practice Manager should ask for a copy of the affidavit. It may be sealed, but the agent should be able to give a verbal description of the suspected crime.
- Examine the search warrant. It will specify the areas where agents can search and take records. **Object** if the agents are looking in areas not covered by the warrant. Agents may try to take more evidence than is authorized by their warrant.

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## **PROCEDURE (CONT'D.):**

- Ask the agents for an inventory of seized items or records.
- Ask for permission to copy any records that may be vital to continued operation of the practice.
- If there are several agents, assign an employee to each agent to monitor what is searched and to record their observations of the search and anything said by the agents.
- **Always cooperate and keep cool.**

### **Involvement of the press:**

All contact with the press (newspaper, television, radio, etc) will be directed to the Public Affairs Office. Under no circumstances will an employee talk with the press unless directed by Public Affairs and your supervisor.

### References:

1. *G-2 Compliance Report*: May 1999.
2. *Medicare Compliance Alert*: November 3, 1997 and November 30, 1998
3. *Physician Compliance Alert*: July 5, 1999.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Human Resources Compliance Guidelines</b>	<b>DATE: 1/23/2002</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 1 of 2</b>

**PURPOSE:** Specific disciplinary action and investigative policies will be established by the human resources department.

**PROCEDURE:**

1. Specific policies for Disciplinary Action shall be established in accordance with the disciplinary action process outlined by the Human Resources department of EVMS. These policies will apply equally to corporate officers, managers, employees, physicians, and other health care professionals.

2. Disciplinary action will be initiated against those who fail to comply with the foundation's standards of conduct, policy and procedure, federal and state law and regulation, or those who engage in wrongdoing that has the potential to impair the foundation's status as a reliable, honest, and trustworthy health care provider.

3. A specific statement of policy, consistent with Human Resources policy, will be developed and made part of this Policy and Procedure manual which sets forth the progressive disciplinary action steps that will be taken against those who fail to comply with the foundations' standards and policies and applicable law and regulation. This progressive disciplinary action will include, but not be limited to:

- a. Oral warnings, documented in Compliance files;
- b. Written warnings, retained in Compliance and Human Resource files;
- c. Suspension with pay pending investigation;
- d. Investigation of misconduct, inappropriate, negligent, or reckless acts;
- e. Presentation of the results of investigation to administration, the governing body, the medical staff, legal counsel, or the Department of Health and Human Services Office of Inspector General, or other legal or regulatory bodies, as appropriate based on the nature and scope of infractions;

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Human Resources Compliance Guidelines</b>	<b>DATE: 1/23/2002</b>	
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**PROCEDURE (CONT'D.)**

f. Termination, financial sanctions, or suspension or revocation of privileges, as appropriate.

Action will be taken by the appropriate authority with ability to provide discipline as needed. This may include the responsible manager, the administrator, the governing body, or the medical staff.

4. Disciplinary action may be appropriate when an employee's failure to detect a violation in his or her areas of responsibility can be identified as negligence or reckless conduct.

5. Disciplinary action will be conducted in an appropriate and consistent manner. All staff shall be subject to the same disciplinary action for the commission of similar offenses, at all personnel levels in the foundation.

6. On application for employment, the Compliance Officer and/or Human Resources will conduct a prudent background check, including review of references, and a review of the Cumulative Sanction Report, the General Services Administration listing of disbarred contractors, or the National Practitioner's Data Bank, as appropriate, to determine if the applicant has been debarred from participation in government programs. The application will also require the applicant to disclose any criminal conviction as defined by 42 U.S.C. 1320a-7(I), or any exclusion action.

7. EVMS Human Resources policy prohibits employment of any individual convicted of a criminal offense related to health care, or who is listed as debarred, excluded or otherwise ineligible for participation in federal health care programs, as defined by 42 U.S.C. 1320a-7b(f). If an individual being considered for employment is pending action for criminal charges, exclusion or debarment, they shall not serve in a position of direct responsibility for a federal health care program. Employees or prospective employees who have been officially reinstated into the Medicare and Medicaid programs by the office of Inspector General may be considered for employment upon proof of such reinstatement.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Independent Contractors, Agents, and Ancillary Suppliers of Medical Services Compliance Guidelines</b>	<b>DATE:1/23/2002</b>
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b> <span style="float: right;"><b>Page 1 of 1</b></span>

**PURPOSE:** To establish guidelines for the review of the status of independent contractors, agents, and ancillary suppliers of medical services.

1. The Compliance Officer will review via the Cumulative Sanctions Report, the General Services Administration debarred listing, and the National Practitioner’s data Bank, the status of Independent contractors, Agents and Ancillary providers of Medical Services to determine the existence of any criminal actions, proceeding, or debarment from participation in federal health care programs.

2. Reports will be provided to the Administration, the Governing Body, and legal counsel on any such contractors, providers, or agents, prior to contract execution and on an ongoing, annual basis.

3. The foundation will not enter into arrangements with contractors, providers, or agents who have been debarred from participation in federal health care programs, or place debarred foundations or individuals in positions of direct responsibility for health care programs.

4. Debarment from participation or conviction of criminal offenses or federal health care offenses will be considered grounds for termination of all contracts with contractors, providers, or agents, and this will be so stated in all contracts.

5. Contractors, providers or agents will certify in contracts that they are not presently debarred from participation or in violation of federal health care law or regulation. These entities will further specify that they have not been convicted of and are not currently pending investigation or conviction for a criminal health care offense.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Investigating Compliance Issues</b>	<b>DATE: 01-08-1997</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 01-04-2000</b>	<b>Page 1 of 1</b>

**PURPOSE:** To establish a process by which conduct inconsistent with billing policies or requirements is investigated.

Whenever conduct that may be inconsistent with a billing policy or requirement is reported to the Compliance Officer, an investigation will be undertaken with the assistance of the Chief Executive Officer and the EVMS Health Services President of the practice plan. After review and investigation, the Compliance Officer will prepare a written report of findings. If the Chief Executive Officer and the EVMS Health Services President determine that the report may constitute a violation under current billing statutes, they will direct the matter to legal counsel for handling pursuant to that statute.

EVMS Health Services' employees must cooperate fully with any investigations undertaken by the Compliance Officer, the Chief Executive Officer or the EVMS Health Services President.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Laboratory Compliance Plan</b>	<b>DATE: 08-10-1998</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 1 of 10</b>

**PURPOSE:** To establish a laboratory compliance program for EVMS Health Services.

## *I. EMPLOYEE STANDARDS OF CONDUCT*

A. Employees of the EVMS laboratories will be committed to complying with all regulations and policies that are outlined herein.

B. EVMS Health Services has zero tolerance for fraud and abuse.

C. Persons responsible for billing will use all caution to code testing correctly and bundle all appropriate testing into bundled CPT codes. Bundled procedures **WILL NOT** be unbundled to gain increased reimbursement.

D. ICD-9 codes will be supplied by the ordering physician or his designate. Billing personnel will not code narrative diagnoses provided by the ordering physician. Diagnosis codes from previous dates of service will not be used unless there is a standing order involved.

E. Only tests ordered by physicians involved in a patient's care will be performed. When an employee receives a request for adding on testing, the person making the request must be told to prepare a written order and forward it to EVMS Health Services Laboratories. Tests will not be added to the original requisition without written documentation containing who ordered the test, who called in the order, and the time, date and initials of the person taking the order.

F. All employees should feel free to bring to the attention of the EVMS Health Services Laboratories Compliance Officer or their supervisor any activities they believe violate the above standards.

G. Compliance will be a part of each employee's annual Job Performance Review.

## *II. MEDICAL NECESSITY*

A. We recognize that physicians must be able to order tests that they deem necessary for the diagnosis and treatment of their patients. EVMS Health Services laboratories will make every effort to validate the medical necessity of tests prior to analysis.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Laboratory Compliance Plan</b>	<b>DATE: 08-10-1998</b>	
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1. Medical necessity will be validated at time of order entry.

2. When tests ordered are of a screening nature, the physician is responsible for explaining to the patient that Medicare may not pay for the testing and have the patient sign an appropriate Advance Beneficiary Notice (“ABN”).

3. EVMS Health Services Laboratories are responsible for educating physicians about testing that CMS considers as screening and about those tests that the local Medicare carrier has chosen for local Carrier Medical Review Policies.

B. Requisitions have been developed to a standard design that gives the physician the choice to order any test offered by EVMS Health Services Laboratories as an individual test.

1. The panels offered on newly designed requisitions are those defined in the most current CPT coding book. There are no custom panels developed. (A copy of the requisitions in use is filed in this document in the section labeled REQUISITIONS.)

2. Requisitions have a statement regarding medical necessity in full view and a statement about providing diagnosis codes for each test ordered.

3. Requisitions will be reviewed on a yearly basis to determine if design contributes to over-utilization of tests.

C. Notices to physicians will be sent on a yearly basis during the month of July covering the following areas:

1. Medicare Medical Necessity Policy
2. Local Carrier Review Policy
3. Components of the panels we offer
4. Description of CPT codes used to bill profiles
5. National Limitation Amount for each CPT code billed to Medicare for profiles
6. Name and phone number of Clinical Consultant

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

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D. Test Utilization Monitoring will be accomplished through programs in the IDX and/or Intellidata LIS. This monitoring will address the following areas:

1. The number of tests performed by CPT code
2. Percent growth in orders for the top 30 test offered
3. Analysis of utilization of any test that grows by more than 10 percent per year by physician ordering tests
4. Address issues discovered by the analysis and make corrections when necessary
5. Counseling of physicians with aberrant ordering policies by the Clinical Consultant

### ***III. BILLING***

A. Selection of CPT or HCPCS Codes for tests performed will be chosen to accurately describe the service that was ordered and performed.

1. The Compliance Officer and the Supervisor will review all tests performed in EVMS Health Services Laboratories for methodology annually in December.
2. Ensure through cross tabulation with current year CPT coding book that the code that most correctly defines the test is the one that is used.
3. Up coding to increase reimbursement will not be tolerated.
4. Any questions that arise that can not be answered will be directed to the local Medicare carrier.

B. Selection of ICD-9CM Codes should be done in the physician's office and supplied on the requisition that is sent with the patient to EVMS Health Services Laboratories.

# EASTERN VIRGINIA MEDICAL SCHOOL

## HEALTH SERVICES

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1. Every effort will be made to obtain this information from the ordering physician. Documentation of this information will be made on the requisition with the name of person providing the information, date, and initials of person receiving the information.

2. Diagnostic information from earlier dates of service will not be used except where there are standing orders.

3. EVMS Health Services Laboratories will not provide “cheat sheets” to physicians with codes that have triggered reimbursement in the past.

4. Every effort will be made to accurately translate narrative diagnoses from physicians to ICD-9CM codes. Where there are questions and we can not obtain information from the physician, the code used for that date of service for the office visit will be used.

**C. Tests Covered By Claims For Reimbursement**

1. Only tests ordered by the physician will be performed. Ambiguous test orders will be clarified with the ordering physician.

2. Every effort will be made to only bill for testing that has actually been performed, understanding that with manual charge ticket preparation, mistakes can be made.

3. Every effort will be made to assure that mistakes are rectified in a timely manner, with refunding of any monies that are collected for tests not performed or billed in error.

**D. Billing for calculations will not be done.**

***III. STANDING ORDERS***

Standing orders will be allowed. The original order will be kept in a file at the draw station and must be renewed every six months. This renewal must be in the form of a new requisition to EVMS Health Services Laboratories.

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## ***V. COMPLIANCE WITH FRAUD ALERTS***

EVMS Health Services Laboratories Compliance Officer will review all fraud alerts from any source

1. Lab Compliance Officer will inform the Institutional Compliance Committee
2. Alerts will be published by laboratory newsletter to relevant physician community
3. EVMS Health Services will alter practices resulting from alert

## ***VI. RETENTION OF RECORDS***

All records pertaining to tests ordered, performed, and billed will be maintained for a period of two years as required by CLIA 88.

## ***VII. COMPLIANCE AS AN ELEMENT OF JOB PERFORMANCE***

Standards of performance are modified to assure that adherence to the compliance plan is part of the annual review for each employee. These standards will include:

1. Compliance policies and legal requirements applicable to their function
2. Strict compliance with these policies is a condition of employment
3. Laboratory will take disciplinary action up to and including termination for violation of these policies.

## ***VIII. DESIGNATION OF COMPLIANCE OFFICER***

EVMS Health Services Laboratories Manager of EVMS Laboratory Systems shall be designated as EVMS Health Services Laboratories Compliance Officer.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

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## *IX. EDUCATION AND TRAINING*

All employees will be trained at initial employment and all employees will be retrained annually at a monthly lab meeting. This training will include:

1. Consequences of failure to comply with items in this plan
2. Compliance with law and laboratory policy is a condition of employment
3. Failure to comply will result in disciplinary action including termination
4. Continuing education on changes in compliance regulations
5. Reporting any activity that may constitute fraud
6. Continuing education in other areas of laboratory testing
7. Notice regarding compliance will be posted in EVMS Health Services

Laboratories

## *X. COMMUNICATION*

- A. Access To EVMS Health Services Laboratories Compliance Officer

EVMS Health Services Laboratories Compliance Officer shall have an open door policy for the discussion of compliance issues. Employees are encouraged to ask when there are questions regarding Medicare and Medicaid regulations.

- B. Hotline

The vehicle for reporting information to EVMS Health Services Laboratories Compliance Officer will be an anonymous e-mail sign-on and a reporting address. Information on how to access this Hotline is posted in all EVMS Health Services laboratories.

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## ***XI. AUDITING AND MONITORING***

A. The following areas will be monitored:

1. Denials for Medical Necessity
2. Trend analysis of tests performed the preceding month

B. EVMS Health Services Laboratories Compliance Officer will make regular reports to the Institutional Compliance Officers and to the Institutional Compliance Committee.

C. EVMS Health Services Laboratories Officer will report to the Institutional Compliance Officer.

D. EVMS Health Services Laboratories Compliance Officer will receive pertinent results of chart audits performed by the EVMS Health Services Clinical Auditor so necessary steps can be taken.

E. The following procedures will be used when performing periodic audits:

1. Reviewing laboratory documentation
2. Reviewing trend analyses
3. Reviewing Medicare denials
4. Interviews with laboratory personnel
5. Review of chart audit reports

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## ***XII. DISCIPLINARY ACTIONS***

### A. Corrective Action

#### 1. Investigating, Reporting, And Correcting Identified Problems

1) Investigation: The Compliance Committee or its designee will investigate within 24 hours all claims of misconduct and violations. If sustained, the Committee will immediately report to EVMS Health Services Executive Committee and request that reparations be made immediately.

2) Reporting: Upon receipt of credible evidence of misconduct, the Compliance Committee, through the Compliance Officer, will report to OIG within 60 days, turning over all evidence in their possession and also submitting the outcome of the investigation when complete.

3) Corrective Action: Upon discovery of misconduct, corrective actions will immediately be initiated including:

- a.) Prompt restitution of all overpayments
- b.) Appropriate disciplinary action against employee(s) responsible
- c.) Review of policies to determine if additional policies will prevent recurrence of

problem

#### 2. Non-Employment Or Retention Of Sanctioned Individuals

Individuals convicted of criminal offenses or barred from federal programs will not be employed. If a current employee is convicted of defrauding the government, they will be terminated from employment.

### B. Disciplinary Action

1. EVMS Health Services has a policy for disciplinary action (EVMS Policy 4.50) for infractions committed by an employee except where immediate termination is identified as the punishment. Whether the prohibited conduct constituted simple negligence, gross negligence, or willfulness is considered in determining and administering punishment.

# EASTERN VIRGINIA MEDICAL SCHOOL

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2. The following list of employee inappropriate behavior/violations apply to the EVMS Health Services Laboratory Compliance Program and are considered to be more serious, and therefore may deviate from the normal steps outlined in EVMS Policy 4.50:

<u><b>Employee Action</b></u>	<u><b>Disciplinary Action</b></u>
a) Negligently providing incorrect information to the EVMS Health Services or a government agency, consumer, insurer or the like.	First Offense: Verbal Warning Second Offense: Written Warning Third Offense: Probation Fourth Offense: Termination
b) Willfully providing materially false information to the EVMS Health Services or a government agency, customer, insurer or the like.	Termination
c) Violation of any state or federal statute.	Probation or Termination based upon seriousness of violation.
d) Failure to report conduct by EVMS Health Services employee that a reasonable person should know is criminal, such as....	Termination
e) Failure to report another employee's violations of any duties under this compliance program or reporting false or misleading information.	First Offense: Written Warning Second Offense: Probation Third Offense: Termination
f) Intentional misuse of the compliance hot line by knowingly and willfully providing false information to the chief of corporate compliance.	Termination
g) Failure to detect conduct by an employee of EVMS Health Services that a reasonable person should know is criminal and reasonably could be expected to detect.	First Offense: Written Warning Second Offense: Probation Third Offense: Termination
h) Engaging in any conduct prohibited in the employee handbook or that is considered unbecoming to a company employee.	First Offense: Written Warning Second Offense: Probation Third Offense: Termination

**EASTERN VIRGINIA MEDICAL SCHOOL  
HEALTH SERVICES**

<b>POLICY: Laboratory Compliance Plan</b>	<b>DATE: 08-10-1998</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 10 of 10</b>

3. Disciplinary Actions are actions taken by the supervisor to control inappropriate behavior. The disciplinary action step depends on the seriousness of the behavior and the degree to which inappropriate behavior has been repeated but is determined by Supervisory discretion. If the inappropriate behavior is more serious or has been repeated, imposition of more serious steps may be imposed initially than the normal sequence.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Medical and Other Health Care Student Documentation</b>	<b>DATE: 07-01-1996</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 3-2003</b>	<b>Page 1 of 1</b>

**PURPOSE:** To identify that portion of medical student documentation that may be used by the teaching physician for billing purposes.

The only documentation by medical students that may be used by the teaching physician is their documentation of the review of systems (“ROS”) and past family social history (“PFSH”). The teaching physician may NOT refer to a medical student’s documentation of physical exam findings or medical decision-making in his/her personal note. The teaching physician must verify and re-document the history of present illness (“HPI”), as well as perform and re-document the physical exam and medical decision-making activities of the visit service. This rule also applies to the documentation by other kinds of students, e.g., physician assistants and nurse practitioners.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Medical Documentation Requirements</b>	<b>DATE: 07-31-1996</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 3-2003</b>	<b>Page 1 of 3</b>

**POLICY:** All services rendered by a provider at any level are to be completely and accurately documented in the patient's permanent medical record.

The teaching physician will write a personal note for each patient encounter. This note will contain the teaching physician's statement of services, summary of findings, and document their presence during the key portion of the encounter or procedure performed by the resident.

**STANDARDS:**

- Single institutional policy for documentation, regardless of payor.
- Policy applies to all providers in all settings at all times.
- All residents must be supervised by teaching physician, with appropriate documentation.

**GOALS:**

- Accurate documentation of services rendered.
- Documentation of faculty involvement.
- To maintain and document quality of care.
- To comply with external requirements (National Committee for Quality Assurance--NCQA, hospital, carrier audits).
- To facilitate reimbursement.

**PROCEDURE:**

1. *Evaluation and Management (E/M) Services*

- In all cases, the teaching physician must personally document in the medical record, his/her physical presence and participation in the services.
- The documentation by the teaching physician may either be in writing or via a dictated note.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Medical Documentation Requirements</b>	<b>DATE: 07-31-1996</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 3-2003</b>	<b>Page 2 of 3</b>

**PROCEDURE (CONT'D.):**

a. Initial Hospital Care, Emergency Department Visits, New Patients, Office Consultations, Hospital Consultations A personal notation must be entered by the teaching physician documenting his or her physical presence and participation in the 3 key components of these services (i.e. history, examination, and medical decision making) as required by CPT and demonstrating the appropriate level of service required by the patient.

b. Subsequent Hospital Care, Office Visits - Established Patient A personal notation must be entered by the teaching physician documenting his or her physical presence and participation in 2 of the 3 key components of these services (i.e. history, physical exam, and medical decision making).

2. Procedures

- The teaching physician will enter a personal note in the medical record stating the indication for the procedure, significant findings of the procedure, and his/her physical presence and participation during the key portion of the procedure.

- The documentation by the teaching physician may either be in writing or via a dictated note.

a. Major procedures - key portion is defined as the time between the opening and closing of the surgical site

b. Minor procedures - key portion is defined as the entire procedure

c. Endoscopies - key portion is defined as the entire viewing (insertion and removal)

3. Time Based Codes *Individual Medical Psychotherapy, Critical Care, Prolonged Service, Care Plan Oversight, E/M Encounters Dominated by Counseling and/or Coordination of Care*

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Medical Documentation Requirements</b>	<b>DATE: 07-31-1996</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 3-2003</b>	<b>Page 3 of 3</b>

## PROCEDURE (CONT'D.):

- In all cases, the teaching physician must personally document in the medical record his/her physical presence and participation in the services for the period of time used to determine the appropriate CPT code.

- The documentation by the teaching physician may either be in writing or via a dictated note.

### 4. Maternity Services

- The physician presence requirement applies for both types of delivery as it would for surgery. In order to bill for the procedure, the teaching physician must be present for the delivery.

- In situations in which the teaching physician's only involvement is at the time of delivery, the teaching physician must bill the delivery only code. In order to bill for global procedures, the teaching physician must be present for the minimum number of visits when such a number is specified in the description of the code.

- The policy differs from the policy on general surgical procedures under which the teaching physician is not required to be present for a specified number of visits.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Reporting Compliance Issues</b>	<b>DATE: 01-08-1997</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 01-04-2000</b>	<b>Page 1 of 1</b>

**PURPOSE:** To establish a process by which employees can report compliance issues.

The training materials will direct EVMS Health Services' employees to report to the Compliance Officer any activity that they believe to be inconsistent with EVMS Health Services policies or legal requirements regarding billing and will explain how the Compliance Officer can be contacted. The training materials will also provide the employees with information about programs and practices of EVMS Health Services that are designed to achieve compliance with legal requirements. Employees who report in good faith possible compliance issues should 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.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Teaching Physician Guidelines</b>	<b>DATE: 07-01-1996</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 3-2003</b>	<b>Page 1 of 9</b>

**PURPOSE:** To outline the specific requirements that Medicare and other insurance carriers have with respect to payment for services rendered in teaching settings.

**GENERAL RULE:** Medicare will pay for physician services furnished in teaching settings under the physician fee schedule only if:

- The services are personally furnished by a physician who is not a resident; or
- The services are furnished jointly by a teaching physician and resident or by a resident in the presence of a teaching physician with certain exceptions.

In both situations, the services of the resident are payable through either the direct GME payment or reasonable cost payments made by the fiscal intermediary.

**SPECIAL SITUATIONS:** If a resident participates in a service furnished in a teaching setting, Medicare Part B will pay for the services of a teaching physician under the physician fee schedule only if the teaching physician is present during the key portion of the service for which payment is sought.

A. Evaluation and Management (E/M) Services

If a teaching physician documents his or her presence and participation in the E/M service, the level of service may be selected based on the extent of history and/or examination and/or the complexity of the medical decision-making required by the patient and DOCUMENTED in his or her personal entry in the medical record which may include references to notes entered by residents.

The teaching physician must:

- be physically present during the portion of the service that determines the level of service billed.
- personally document his/her presence and participation in the services in the medical records.

1. Initial Hospital Care, Emergency Department Visits, Office Visits - New Patients, Office Consultations, Hospital Consultations

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Teaching Physician Guidelines</b>	<b>DATE: 07-01-1996</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED: 3-2003</b>	<b>Page 2 of 9</b>

A personal notation must be entered by the teaching physician documenting his or her participation in the three (3) key components of these services (i.e., history, physical exam, and medical decision-making) as required by CPT and demonstrating the appropriate level of service required by the patient.

If the teaching physician is repeating key elements of the service components obtained previously and documented by the resident (e.g., the patient’s complete history and physical), the teaching physician need not repeat the documentation of these components in detail.

Rather, the documentation of the teaching physician may be brief summary comments that tie into the resident’s entry and confirm or revise the key elements defined for the purpose of this section as:

- relevant history of present illness and prior diagnostic tests;
- major finding(s) of the physical examination;
- assessment, clinical impression or diagnosis; and
- plan of care.

Therefore, the documentation of the key elements above may be satisfied by a combination of entries into the medical record made by the resident and the teaching physician.

## COMMON CLINICAL SITUATIONS

*A. All required elements are obtained personally by the teaching physician without the resident present.*

- If no resident has seen the patient, the physician should document on the same basis as he or she would document an E/M Service in a non-teaching setting.
- If a teaching physician’s service follows a resident’s service, the teaching physician’s documentation should refer to the resident’s note and provide summary comments that establish, revise, or confirm the resident’s findings and the appropriate level of service required by the patient.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Teaching Physician Guidelines</b>	<b>DATE: 07-01-1996</b>	
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*B. All required elements are obtained by the resident in the presence of, or jointly with, the teaching physician and documented by the resident.*

- The resident’s note should document the teaching physician’s direct observation, performance, and personal input into the key elements.
- The teaching physician’s personal documentation may be limited; at a minimum, it must include a confirmation of each component of the resident’s documentation and the teaching physician’s presence during this service.
- The combination of these entries must be adequate to substantiate the level of service required by the patient.

*C. Selected required elements of the service (i.e., history and physical examination) are obtained by the resident independently. The teaching physician repeats the key elements of the examination. These elements are discussed with the teaching physician either prior to or after the teaching physician’s personal service.*

- The resident’s note should document the teaching physician’s input into the history and medical decision making.
- The teaching physician’s note must include summary comments that revise or confirm the findings of the resident’s physical examination and discussion of the history and medical decision-making.
- The combined entries must be adequate to substantiate the level of service required by the patient and billed.

## 2. Subsequent Hospital Care, Office Visits - Established Patients

A personal notation by the teaching physician must be entered, highlighting two of the three key components of these services (history, physical exam, and medical decision-making).

The same guidelines set forth for “1.” are required for follow-up visits for established patients.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Teaching Physician Guidelines</b>	<b>DATE: 07-01-1996</b>	
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*B. Exception: E/M Services Furnished in Certain Primary Care Centers*

For the E/M codes listed below, Medicare will pay teaching physician claims for services furnished by residents without the presence of a teaching physician. When a GME program is granted the primary care exception, it applies to the following lower and mid-level E/M services:

<u>New Patient</u>	<u>Established Patient</u>
99201	99211
99202	99212
99203	99213

For this exception to apply, a center must attest to you in writing that all of the following conditions are met for a particularly residency program:

⇒ The services must be furnished in a center located in the outpatient department of a hospital or another ambulatory care entity in which the time spent by residents in patient care activities is included in determining direct GME payments to a teaching hospital by the hospital's fiscal intermediary. This requirement is not met when the resident is assigned to a physician's office away from the center or makes home visits. In the case of a nonhospital entity, verify with the fiscal intermediary that the entity meets the requirements of a written agreement between the hospital and the entity set for the 42 CFR 413.86(f)(1)(iii).

⇒ Any resident furnishing the service without the presence of a teaching physician must have completed more than six (6) months of an approved residency program. If it becomes necessary to verify this information, teaching hospital are required to maintain such information under the provisions of 42 CFR 413.86(f)(2).

⇒ The teaching physician in whose name the payment is sought must not supervise more than four (4) residents at any given time and must direct the care from such proximity as to constitute immediate availability. The teaching physician must—

- ◇ Have no other responsibilities at the time of the service for which payment is sought;
- ◇ Assume management responsibility for those beneficiaries seen by the residents'
- ◇ Ensure that the services furnished are appropriate;
- ◇ Review with each resident during or immediately after each visit, the beneficiary's medical history, physical examination, diagnosis, and records of tests and therapies; and

# EASTERN VIRGINIA MEDICAL SCHOOL

## HEALTH SERVICES

<b>POLICY: Teaching Physician Guidelines</b>	<b>DATE: 07-01-1996</b>	
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◇ Document the extent of his or her own participation in the review and direction of the services furnished to each beneficiary.

⇒ The patients seen must be an identifiable group of individuals who consider the center to be the continuing source of their health care and in which services are furnished by residents under the medical direction of teaching physicians. The residents must generally follow the same group of patients throughout the course of their residency program, but there is no requirement that the teaching physicians remain the same over any period of time.

⇒ The range of services furnished by residents includes all of the following:

- ◇ Acute care for undifferentiated problems or chronic care for ongoing conditions including chronic mental illness;
- ◇ Coordination of care furnished by other physicians and providers;
- ◇ Comprehensive care not limited by organ system or diagnosis.

The types of residency programs most likely to qualify for the primary care exception include: Family Practice, general Internal Medicine, Geriatric Medicine, Pediatrics and Obstetrics/Gynecology. Certain Graduate Medical Education programs in Psychiatry may qualify in special situations such as when the program furnishes comprehensive care for chronically mentally ill patients. These would be centers in which the range of services the residents are trained to furnish--and actually do furnish--include comprehensive medical care as well as psychiatry care. For example, antibiotics are being prescribed as well as psychotropic drugs.

### *B. Procedures*

In order to bill for surgical, high risk, or other complex procedures, the teaching physician must be present during all critical and key portions of the procedure and be immediately available to furnish service during the entire procedure.

#### 1. Surgery (including Endoscopic Operations)

a) single surgery - When the teaching physician is present for the entire period between opening and closing of the surgical field, his or her presence may be demonstrated by notes in the medical records made by the physician, the resident, or the operating room nurse.

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b) two overlapping surgeries - In order to bill for two overlapping surgeries, the teaching surgeon must be present during the key portions of both operations.

When all of the key portions of the initial procedure have been completed, the teaching surgeon may begin to become involved in a second procedure.

The teaching surgeon must personally document the key portion of both procedures in his or her notes in order that a reviewer may clearly infer that the teaching physician was immediately available to return to either procedure in the event of complications.

c) minor procedures - For procedures that only take a few minutes to complete (e.g., simple suture) and involve relatively little decision-making once the need for the operation is determined, the teaching surgeon must be present for the entire procedure in order to bill for the procedure.

## 2. Endoscopy procedures

The teaching physician must be present during the entire viewing.

The entire viewing includes insertion and removal of the device.

### *D. Interpretation of Diagnostic Radiology and Other Diagnostic Tests*

Medicare Part B only will pay for the interpretation of diagnostic radiology and other diagnostic tests if the interpretation is performed or reviewed by a physician other than a resident.

If a teaching physician's signature is the only signature on the interpretation, Medicare will assume that he or she is indicating that he or she personally performed the interpretation.

If a resident prepares and signs the interpretation, the teaching physician must indicate that he or she has personally reviewed the image and the resident's interpretation and either agrees with or edits the findings.

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*E.     Psychiatry*

The requirement for the presence of the teaching physician during the service may be met by concurrent observation of the service by use of a one-way mirror or video equipment.

The teaching physician supervising the resident must be a physician.

*F.     Time-Based Codes*

The teaching physician must be present for the period of time for which the claim is made.

Examples of such time-based codes are as follows:

- individual medical psychotherapy (90842-4)
- critical care services (99291-2)
- prolonged services (99354-9)
- care plan oversight (99375)
- anesthesia
- E/M codes in which counseling and/or coordination of care dominates (>50%) of the encounter and time is considered the big factor in quantifying the level of E/M service.

*G.     Maternity Services*

The physician presence requirement applies for both types of delivery as it would for surgery. In order to bill for the procedure, the teaching physician must be present for the delivery.

In situations in which the teaching physician's only involvement is at the time of delivery, the teaching physician must bill the delivery only code. In order to bill for global procedures, the teaching physician must be present for the minimum number of visits when such a number is specified in the description of the code.

The policy differs from the policy on general surgical procedures under which the teaching physician is not required to be present for a specified number of visits.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Teaching Physician Guidelines</b>	<b>DATE: 07-01-1996</b>	
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*H. Assistant at Surgery Services*

1. **General** - Medicare will not pay for the services of assistants at surgery furnished in a teaching hospital which has a training program related to the medical specialty required for the surgical procedure and has a qualified resident available to perform the service unless the requirements of H3, H4, and H5 are met.

Medicare will process assistant at surgery claims for services furnished in teaching hospitals on the basis of the following certification by the assistant. This certification must be an attachment to the claim or preprinted on the Centers for Medicare and Medicaid Services 1500 Claim Form. This certification is for use only when the basis for payment is the unavailability of qualified residents:

*“I understand that section 1842(b)(7)(D) of the Social Security Act generally prohibits Medicare physician fee schedule payment for the services of assistants at surgery in teaching hospitals when qualified residents are available to furnish such services.. I certify that the services for which payment is claimed were medically necessary, and that no qualified resident was available to perform the services. I further understand that these services are subject to post-payment review by the Medicare carrier.”*

Assistant at surgery claims denied on the basis of these instructions do not qualify for payment under the waiver of liability provision.

2. **Definition** - An assistant at surgery is a physician who actively assists the physician in charge of a case in performing a surgical procedure. The conditions for coverage of such services in teaching hospitals are more restrictive than those in other settings because of the availability of residents who are qualified to perform this type of service.

3. **Exceptional Circumstances** - Payment may be made for the services of assistants at surgery in teaching hospitals, subject to the special limitation in section 15044, notwithstanding the availability of a qualified resident to furnish the services. There may be exceptional medical circumstances, e.g., emergency, life-threatening situations such as multiple traumatic injuries which require immediate treatment. There may be other situations in which your medical staff may find that exceptional medical circumstances justify the services of a physician assistant at surgery even though a qualified resident is available.

# EASTERN VIRGINIA MEDICAL SCHOOL

## HEALTH SERVICES

<b>POLICY: Teaching Physician Guidelines</b>	<b>DATE: 07-01-1996</b>	
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**4. Physicians Who Do Not Involve Residents in Patient Care** - Payment may be made for the services of assistants at surgery in teaching hospitals, subject to the special limitation in section 15046, if the primary surgeon has an across-the-board policy of never involving residents in the preoperative, operative, or postoperative care of his or her patients. Generally, this exception is applied to community physicians who have no involvement in the hospital's GME program. In such situations, payment may be made for reasonable and necessary services on the same basis as would be the case in a nonteaching hospital. However, if the assistant is not a physician primarily engaged in the field of surgery, no payment will be made unless either of the criteria of subsection 5 is met.

**5. Multiple Physician Specialties Involved in Surgery** - Complex medical procedures, including multistage transplant surgery and coronary bypass, may require a team of physicians. In these situations, each of the physicians performs a unique, discrete function requiring special skills integral to the total procedure. Each physician is engaged in a level of activity different from assisting the surgeon in charge of the case. If payment is made on the basis of a single team fee, deny additional claims. Determine which procedures performed in your service area require a team approach to surgery. Team surgery is paid for on a "By Report" basis.

**6.** There are some situations when the services of physicians of different specialties are necessary during surgery and when each specialist is required to play an active role in the patient's treatment because of the existence of more than one medical condition requiring diverse, specialized medical services. For example, a patient's cardiac condition may require that a cardiologist be present to monitor the patient's condition during abdominal surgery. In this type of situation, the physician furnishing the concurrent care is functioning at a different level than that of an assistant at surgery, and payment is made on a regular fee schedule basis.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Whistleblower</b>	<b>DATE:</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 1 of 3</b>

**PURPOSE:** To facilitate adherence and enforcement of the EVMS HEALTH SERVICES Compliance Plan.

**POLICY:** It is the policy of Eastern Virginia Medical School/Health Services to encourage its employees and other persons to disclose improper governmental and to address written complaints alleging acts of reprisal or intimidation due to disclosure of improper governmental activities. EVMS HEALTH SERVICES has the responsibility to investigate allegations concerning improper activities.

**PROCEDURE:** The following procedures shall be followed to implement this policy:

### *I. REPORTING IMPROPER ACTIVITIES*

A. Any person may file a confidential report on the Compliance Hotline, contact his/her supervisor, the Compliance Officer or representatives of the Compliance Program.

B. Reports alleging improper activity shall be investigated, if warranted, and reported according to EVMS Health Services procedures.

### *II. PROTECTION AGAINST RETALIATION FOR REPORTING IMPROPER ACTIVITIES*

A. Interference with the right to file a report

EVMS Health Services employee may not directly or indirectly use or attempt to use the official authority or influence of his or her position or office for the purpose of interfering with the right of a person to file a report as described in section I.A..

B. Retaliation against filing a report

1. The Compliance Officer or the designated Compliance representative shall investigate or oversee the investigation of complaints from employees alleging such interferences or retaliation.

2. If the complaint alleges that the Compliance Officer interfered or took retaliatory action, the complaint shall request *Human Resources* to appoint an investigating officer.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Whistleblower</b>	<b>DATE: 1/23/2002</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 2 of 3</b>

**PROCEDURE (CONT'D.):**

C. Filing a complaint

1. A complaint as described in II.B. 1. must be filed under existing EVMS grievance or complaint resolution procedures.
2. Any complaint filed with the Compliance Officer must be filed within 180 days of the alleged act or threat of interference or retaliation.
3. In order for a complaint of interference or retaliation or threatened retaliation to be accepted by the Compliance Officer, the complainant must have previously filed a report as described in Section I, above, with the appropriate EVMS or EVMS Health Services official or must present a case alleging the prevention by intimidation from filing such a report.

D. Investigation by the Compliance Officer or EVMS Human Resources

1. The investigation is conducted as per the EVMS Human Resource guidelines
2. When no EVMS grievance or complaint resolution procedure is available to the complainant, the Compliance Officer will conduct the investigations.
3. The Compliance Officer shall present findings to the EVMS Health Services President within a reasonable time, or within such a specific time limits as may be established by EVMS, or DHHS procedures.
4. Before findings are reached, the Compliance Officer shall provide a copy of the complaint and any documents on which the Compliance Officer intends to rely in the reaching of the findings to the person accused of interference or retaliation. That person shall be provided the opportunity to respond to the complaint and to file a written statement which will become part of the record submitted to the EVMS Health Services President.

E. EVMS Health Services President's Decision

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Whistleblower</b>	<b>DATE: 1/23/2002</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 3 of 3</b>

## **PROCEDURE (CONT'D.):**

### F. Discipline of EVMS Health Services Employee

The EVMS Health Services President determines the appropriate disciplinary action, if any, which will be initiated against an EVMS Health Services employee found to have interfered or retaliated as defined in Section II.A., above. For a member of the faculty, disciplinary actions are in accordance with procedures established by the *Academic Senate*.

### G. Appeal of the Decision

Decisions of the EVMS Health Services President based on findings of the Compliance Officer may be appealed to the EVMS President.

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY: Employee Acknowledgment of Statements</b>	<b>DATE: 1/23/2002</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 1 of 1</b>

**POLICY:** Employees are responsible for the review of Compliance Policies of the foundation and are asked to sign an acknowledgment that they have read, understand, and will comply with policy related to compliance issues.

I have read and understand the Compliance policies of EVMS Health Services. If there are issues I am uncertain of, I understand that I may discuss these with the Compliance Office of EVMS Health Services at any time. I understand that Compliance policies of EVMS Health Services are available for my review and am aware of the location of the Compliance Policy and Procedure Manual. I understand that I am responsible for following the Compliance Policies of EVMS Health Services.

I understand that any questions or concerns relative to billing, charging, or reimbursement issues should be brought to the immediate attention of my supervisor.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

# EASTERN VIRGINIA MEDICAL SCHOOL HEALTH SERVICES

<b>POLICY:</b> Scribes	<b>DATE: December 2004</b>	
<b>CATEGORY: COMPLIANCE</b>	<b>REVISED:</b>	<b>Page 1 of 1</b>

**PURPOSE:** To outline the specific requirements to be followed when using scribes to document a physician service.

**POLICY:** All documentation must clearly reflect the services rendered to the patient and the physician's involvement in those services as well as the medical necessity for rendering the service.

**DEFINITION:** A scribe is an individual who simultaneously transcribes information the physician dictates. A scribe may not have performed any of the services which he/she is transcribing.

**PROCEDURE:** The scribe must indicate by third person reference that they are actually scribing while the physician is performing the service. The sign-off on the entry should indicate "XXX, RN scribing for Dr. YYY". The physician must also sign the entry indicating that he/she was present, provided the documented service and approves the documentation.

**EXAMPLE:**

Patient name\_\_\_\_\_

Date of service\_\_\_\_\_

Chief complaint\_\_\_\_\_

Vitals\_\_\_\_\_

*Signature of nurse*

History\_\_\_\_\_

Exam\_\_\_\_\_

Assessment/plan\_\_\_\_\_

*XXX, RN scribing for Dr. YYY*

*I was present, provided the service documented above and approve this documentation.*

*YYY, MD*