POLICY TITLE: Review and Resolution of Accounts with Potential Billing Discrepancies

Responsible Department: Audit and Compliance

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SUMMARY & PURPOSE:

Baptist Health's Code of Ethics requires the appropriate correction of bills if inaccuracies are discovered. This policy describes the process for notification to the operational departments of accounts identified by the Audit and Compliance Department that may contain billing discrepancies.

POLICY:

Claims submitted for reimbursement to third parties will be filed according to all applicable laws and regulations governing such claims. When a situation is identified that has the potential to cause inaccurate claims, prompt steps will be taken to remedy the situation, including analyzing the situation to determine if the potential exists that erroneous claims were previously submitted. In cases where the potential for past erroneous claims is identified, the appropriate operational departments (e.g., HIM, PFS) will be contacted to review, correct and re-submit the claims, as appropriate.

SCOPE/APPLICABILITY:

Audit and Compliance Department and all other departments that may be involved in the resolution of potential billing discrepancies.

PROCEDURES TO ENSURE COMPLIANCE:

1. Potentially Erroneous Claims Identified through the Audit Process:
   Audit and Compliance Department:
   As part of the audit process, the potential for erroneous claims may come to the attention of the Audit and Compliance Department. The Audit and Compliance Department will analyze each situation and make recommendations in the final audit report to address the cause of the circumstances that could lead to erroneous claims, should they be found to exist. Prompt action may be required in order to remedy the situation, up to and including pre-submission review of potentially affected claims. The Audit and Compliance Department will promptly notify the appropriate department so that appropriate action can be taken to implement such a review process.

When specific accounts in an audit sample are identified as potentially erroneous, the Audit and Compliance Department will notify the appropriate operational departments by written memorandum describing the situation and the actions that need to be taken. This is referred to as the Notification. This Notification, along with a list of the affected accounts, if available, will be forwarded to the appropriate operational department(s) via email. A copy of the sent email and any attachments will be maintained in the Audit and Compliance Department files.

Operational Department(s):
Upon receipt of Notification from the Audit and Compliance Department of potentially erroneous claims, the relevant operational department(s) will review the information received and request further clarification, as needed, from the Audit and Compliance Department. Medicare regulations require the re-payment of any refund within 60 days of identification of the overpayment. As such, all accounts identified should be reviewed and corrected within 60 days of receipt of the Notification, including issuance of any refund to Medicare (or other payers) that might be due, to the extent possible. If the review and/or correction activities involve more than one operational department, the departments must coordinate their activities until all identified claims issues are resolved, including refund, if appropriate. The Audit and Compliance Department will request a status report from the operational department(s) 30 days after issuance of the Notification. Within 45 days after issuance of the Notification, all operational departments must issue a status report to Audit and Compliance. If the Audit and Compliance Department does not receive the required status reports(s) by the end of 45 days, the operational department(s) will be contacted to obtain a status report. At any time, should the operational departments suspect that they will not be able to complete the review/resolution within 60 days, the Audit and Compliance Department must be notified. The status of the project and the circumstances leading to the delay will be reviewed and analyzed. An appropriate action plan will then be developed in order to effectuate appropriate corrective action within the required Medicare timeframe.

2. Potentially Erroneous Claims Identified through a Report of a Suspected Violation of the Code of Ethics:
Audit and Compliance Department:
As part of the Corporate Compliance Program, Audit and Compliance may be notified of a potential billing discrepancy which may have led to erroneous claims. Upon receipt of such a report, the Audit and Compliance Department will analyze the situation to determine the accuracy of the report and the cause of any errors. Based upon this analysis, prompt actions may be required to remedy the situation, up to and including pre-submission review of claims. The Audit and Compliance Department will promptly notify the appropriate department so that the appropriate actions can be taken to remedy the situation.

When it is determined that specific claims, or a universe of claims, must be reviewed and resolved, the Audit and Compliance Department will notify the appropriate operational departments by written memorandum describing the situation and the actions that must be taken. This is referred to as the Notification. This Notification will be distributed via e-mail to the appropriate operational department. If lists of potentially affected accounts are available, they will also be provided. A copy of the sent email, along with any attachments, will be maintained in the Audit and Compliance Department files.

Operational Department(s):
Upon receipt of the Notification, the relevant operational department(s) will review the information received and request further clarification as needed from the Audit and Compliance Department. Medicare regulations require the re-payment of any refund within 60 days of identification of the overpayment. As such, all accounts identified must be reviewed and corrected within 60 days of receipt of the Notification, including issuance of any refund to Medicare (or other payers) that might be due, to the extent possible. If the review and/or correction activities involve more than one operational department, the departments must coordinate their activities until all identified issues are resolved, including refund. The Audit and Compliance Department will request a status report from the operational department(s) 30 days after issuance of the Notification. Within 45 days after issuance of Notification, all operational departments must issue a status report to the Audit and Compliance Department. If the Audit and Compliance Department does not receive the status report by the end

of 45 days, the operational departments will be contacted to obtain a status report. At any time, should the operational departments suspect that they will not be able to complete the review/resolution within 60 days, the Audit and Compliance Department must be notified. The status of the project and the circumstances leading to the delay will be reviewed and analyzed. An appropriate action plan will then be developed to effectuate appropriate corrective action within the required Medicare timeframe.

SUPPORTING/REFERENCE DOCUMENTATION:

- Office of Inspector General Compliance Program Guidance for Hospitals
- Office of Inspector General Supplemental Compliance Program Guidance for Hospitals
- International Standards for the Professional Practice of Internal Auditing (Standards)

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:

- BHSF Administrative Policy: 812 Follow Up Audits to Management's Action Plan Policy – Audit and Compliance
- BHSF Administrative Policy: 819 Code of Ethics Policy – Audit and Compliance
- BHSF Policy 851 – Reporting and Returning Overpayments Received from Federally Funded Healthcare Programs

ENFORCEMENT & SANCTIONS:

Enforcement of this policy is the responsibility of the Audit and Compliance Department and the operational departments responsible for resolving claims with potential billing discrepancies. Failure to comply with or report a violation of a compliance program policy may lead to disciplinary action up to and including termination.