PURPOSE

To ensure that University Medical Group (UMG) business affairs are conducted in accordance with all applicable laws relating to clinical services reimbursement.

POLICY

1. University employees, professional staff members, residents, its agents, representatives and consultants report any activity inconsistent with regulatory policies and/or legal requirements related to services provided by the University to the Compliance Department.

2. Reporting possible compliance issues or violations in good faith does not prejudice an employee’s status or affect future employment, compensation, work assignments or status.

3. The University maintains a toll-free telephone Hot Line (877) 525-KNOW (5669) in the Compliance Department Office for the purpose of reporting any suspected activity inconsistent with regulatory policies and/or legal requirements to the Compliance Department and for answering related questions. Additionally, the Compliance Hot Line is used:

   A. To provide a mechanism for early investigation of all potential violations related to University practices and regulatory standards.

   B. To assist in identifying causes of incidents of non-compliance and to initiate corrective action to reduce and/or prevent future occurrences.

   C. To provide a database for problem identification analysis and correction.

   D. To report and record information necessary to direct ongoing compliance educational efforts.

   E. To provide a system for analyzing and reporting the above to University Administration, including but not limited to the President and Board of Trustees, the General Counsel, Deans, Departmental Chairpersons and the UMG Legal and Compliance Committee.

PROCEDURE

1. Whenever any of the following occurrences are witnessed or become known to a employees, professional staff members, residents, its agents, representatives and consultants, the occurrence is to be reported to the Saint Louis University Compliance Department:

   A. Performing or billing for items or services which may not be medically necessary.

   B. Offering or accepting referral fees from another provider in exchange for referrals.

   C. Knowingly providing false or inaccurate information on claim forms (i.e. listing an item or service not provided and/or listing a higher or more complex service than performed).

   D. Knowingly submitting duplicate claims for the same service.
E. Violating UMG medical record documentation rules and guidelines that may result in non-compliance with payor standards.

F. Providing the following false or inaccurate information in the medical record:

   (1.) Indicating falsely that a particular health care professional was physically present for a procedure or service.

   (2.) Documenting falsely that a personal review and/or interpretation of a diagnostic test occurred.

   (3.) Billing for a service, or level of service, in the absence of adequate documentation to support that service.

G. Violating the Privacy requirements mandated by the Health Insurance Portability and Accountability Act (HIPAA).

H. This list is not exhaustive and any suspect occurrences must be reported whether or not listed above. Refer to Saint Louis University Compliance Policy.

2. The report to Compliance Department is made in the following manner:

   A. Through a verbal report to the Compliance Information Hot Line {877) 525-"KNOW"}.

   B. Through an in-person verbal report to the Compliance Director or his or her designee.

   C. Through a confidential written report to the Compliance Director or his/her designee.

3. Matters reported to the Compliance Director that suggest violations of legal requirements are immediately referred to the General Counsel. The General Counsel, Retained Counsel or designated Associate General Counsel will conduct or direct and supervise internal review activities regarding investigations. Such investigations, communications and related documents are confidential and subject to the Attorney-Client Privilege.

4. UMG employees must fully cooperate with any investigation conducted by the Compliance Director or designee as authorized by the UMG Compliance Policy.

5. The Compliance Director in consultation with the General Counsel and, if appropriate, involved Department Chairperson(s) can, if necessary, suspend billing or facilitate other appropriate (remedial) action during the course of an investigation. The Dean of the School of Medicine and the Executive Director of the UMG will also be notified when billing is suspended.

6. Reports and documents pertaining to any compliance investigation are not disseminated, copied or maintained by any employee except as authorized by the Compliance Director or designee.

7. The Compliance Director maintains a confidential log of all compliance reports.

8. The Compliance Director summarizes compliance reports on a monthly basis.

9. The General Counsel, the Dean, the Legal and Compliance Committee and the Executive Director of the UMG are notified of occurrence reports and the final disposition of the investigation.
10. Notices are posted in common work areas to communicate the Compliance Hot Line ("(877) 525-KNOW") telephone number used for reporting inconsistencies with regulatory clinical billing policies, HIPAA privacy regulations, and legal billing requirements.