Medical Billing and Coding Services Compliance Policy

Subject

The Office of Inspector General (OIG) division of Health and Human Services (HHS) has established guidance for third-party medical billing companies with respect to preventing fraud and abuse. This policy addresses medical billing and coding compliance. Medical billing and coding services must be provided in adherence to federal and state healthcare program requirements.

Purpose

This policy has been created at the direction of the executive management to define the compliance objectives for providing medical billing and coding services according to the federal and state healthcare program requirements and the OIG's guidance.

Audience

This policy applies to Corporate Compliance and employees and contractors conducting medical billing and/or medical coding services on behalf of the Company.

Scope

The Company promotes full compliance with each of the relevant state and federal laws by maintaining a strict policy of ethics, integrity, and accuracy in all its services. Each employee who is involved in submitting charges, preparing claims, billing, coding and/or documenting services is expected to maintain the highest standards of personal, professional, and institutional responsibility.

Policy

The Company conducts medical billing and coding services on behalf of its clients. This policy represents the Company's commitment to the seven compliance elements recommended in the OIG Guidance. It addresses compliance with federal and state health care program requirements, as well as compliance with other payor expectations, regarding accurate billing and coding, by setting forth requirements for Medical Billing and Coding Staff, including: credentialing requirements; orientation, initial and ongoing training, resources, and competencies; accuracy and consistency assessments and reviews, and error corrections.

a) *Organization Designations*

TruBridge does not provide services on behalf of an insurance plan or health plan; therefore, TruBridge is not considered a third-party administrator (TPA). Per the services provided to its clients, TruBridge is designated as the following:

1) Third Party Billing Company

TruBridge's Complete Business Office Services and Extended Business Office Services departments provide insurance billing services. In this capacity, TruBridge is considered a "third-party billing company" as defined in the OIG *Compliance Program Guidance for Third-Party Medical Billing Companies*.

2) Health Care Clearinghouse
Electronic insurance billing functions provided by the Insurance Services Division of TruBridge meet the formal definition of a health care clearinghouse, as established in the HIPAA Privacy Regulation.

b) *Standards of Conduct*
Medical billing and coding will be done in compliance with all applicable state and federal laws and regulations. Specifically, no claims shall knowingly be submitted for services not rendered.

All medical, financial and other personal information of our customers will be held in the strictest of confidence.

Employees and contractors are responsible for promptly raising concerns about any possible misconduct, including suspected violations of any federal or state healthcare program requirements or suspected non-compliance of the Company's policies and procedures.

c) *Compliance Oversight*
Executive management is responsible for designating the following positions with regard to Medical Billing and Coding compliance.

1) Medical Billing and Coding Compliance Department Lead
The Medical Billing and Coding Compliance Department Lead, under the oversight of the Corporate Compliance Officer, is responsible for implementing the required Medical Billing and Coding policies and procedures to effectively promote prevention, detection and resolution of instances of conduct that do not conform to federal and state reimbursement laws. Such policy and procedure should be reasonable and appropriate for the environment in which the Company operates.

2) Medical Billing and Coding Compliance Committee
The Medical Billing and Coding Compliance Committee is responsible for advising on the establishment, implementation, and maintenance of the Medical Billing and Coding compliance program.

d) *Coding Staff Credential Requirements*
A well-trained Coding Staff is imperative to maintain overall coding compliance and coding accuracy. To ensure all Coders have acquired the competencies necessary for skillful coding, a minimum credential requirement or equivalent experience will be mandated for all Coding Staff members. These requirements are outlined in the official job descriptions, as issued by Human Resources. All TruBridge-employed Coding Staff, Contract Coders, as well as direct supervisory level staff responsible for coding activities should maintain certification through the recognized professional certification organization.

Coding Staff are expected to maintain certification through a professional organization of their choice, with concurrence from their Team Lead, according to the requirements of the professional organization.

e) *Workforce Training and Education*
All members of the workforce who are responsible for the administration and completion of medical billing or medical coding activities must be trained with regard to medical billing and/or coding policies and procedures as per *MBC3-3 Medical Billing and Coding Training*. The Medical Billing and Coding Compliance Department Lead, under the oversight of the Corporate Compliance Officer, is responsible for establishing, implementing, and enforcing appropriate medical billing and coding policy and procedures training.

For those who fail to comply with the Company's Medical Billing and Coding policy, procedures, or applicable federal or state laws, appropriate sanctions must be applied. The Corporate Compliance Officer is responsible for establishing, implementing, and enforcing sanction processes.

f) *Billing Compliance Measurement, Coding Accuracy Measurement, and Monitoring, and Correction of Errors*
Auditing and monitoring activities shall be conducted on an ongoing basis under the direction of the Medical Billing and Coding Compliance Department Lead, overseen by the Corporate Compliance Officer. These auditing and monitoring activities should address compliance with laws governing kickback arrangements, claim submission, reimbursement, and marketing.

On-going billing compliance review, coding accuracy review, and monitoring will ensure minimal variances in the application of and compliance with CMS billing guidelines and CMS Official Coding Guidelines.

g) *Reporting Concerns or Questionable Conduct*
The Federal False Claim Act ("FCA") imposes penalties on people and companies who knowingly submit a false claim or statement to a federally-funded program or otherwise conspire to defraud the government in order to receive payment. The FCA also includes the Anti-Kickback statute with provisions making it illegal to receive anything of value in exchange for referrals for patient treatments paid for by a government healthcare program and from entering into certain types of financial relationships. Refer to the Anti-Kickback Statute Policy for additional information.

In accordance, the Company has established reporting and notification protocols for reports of suspected misconduct or failures to comply with federal or state law and with Company policies. The Corporate Compliance Officer is responsible for establishing the procedures for reporting and notification. Refer to TruBridge Reporting Violations and Complaints and *MBC3-4 Evaluation and Reporting of Potential Incidents* for guidance on reporting concerns or questionable conduct.

h) *Refrain from Retaliation*
TruBridge is prohibited from retaliating against employees or other interested parties who provide information, assist in an investigation or participate in a proceeding concerning the report of alleged non-compliance or complaints in regards to this policy and related

procedures. The Corporate Compliance Officer is responsible for the enforcement of this policy and ensuring that all workforce members are informed of the Company's commitment to protect employees from retaliation and maintain confidentiality in respect to all concerns raised.

i) *Response to Allegations, Identified Problems, and Audit*
The Company must follow appropriate reporting and notification protocol in the event of an internal or external concern of the medical billing and coding program, federal or state law, or other related misconduct. Systemic problems identified must be addressed through corrective action. The Corporate Compliance Officer is responsible for establishing appropriate policy and procedure regarding reporting and notification processes associated with non-compliance and misconduct.

Definitions

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to any health care benefit program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud, because the distinction between "fraud" and "abuse" depends on facts and circumstances, intent and prior knowledge, and available evidence among other factors.

Anti-Kickback is a federal law that prevents medical providers from paying or receiving kickbacks, payment or anything of value in exchange for referrals of patients who will receive treatment paid for by a government healthcare program, such as Medicare and Medicaid, and from entering into certain types of financial relationships.

CMS Centers for Medicare and Medicaid Services: federal agency under the Department of Health and Human Services responsible for administering the Medicare and Medicaid programs as well as the Federally-Facilitated Marketplace.

CPT: Current Procedural Terminology, current edition

Client Facility: individual hospital or entity contracting with TruBridge for the performance of Medical Coding Services.

Coding Staff or Coders: individuals that assign numeric or alphanumeric classification to identify diagnoses and procedures. These classifications or "codes" are assigned based upon a review of the source document (medical record). The classifications utilized for this purpose include ICD, CPT and HCPCS Level II.

False Claims Act (FCA) is a federal law that imposes liability on persons and companies who defraud governmental programs. It is the federal Government's primary tool in combating fraud against the Government.

Fraud Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses,

representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

HCPCS Level II: Healthcare Common Procedural Coding Systems, current edition

HHS Department of Health and Human Services: OIG is an agency within the HHS that primarily oversees the Medicare and Medicaid Programs.

ICD: International Classification of Disease, current edition

Interested parties includes a person or organization that can affect, be affected by, or perceive itself to be affected by medical billing or coding processes and activities performed by the Company.

Non-Compliance Failure or refusal to act in accordance with the organization's Compliance Program, or other standards or procedures, or with federal or state laws or regulations.