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**TITLE:** Compliance and Privacy Plan

## **I. Introduction**

The University of Vermont Medical Center is an integrated, not-for profit academic health care system with the primary mission of improving the health of the communities we serve. This mission is accomplished by providing a broad scope of services to patients from Vermont and northern New York State. As the only tertiary health care facility in a large rural area, UVM Medical Center is committed to providing all necessary medical services to any person in this region. Equally important is UVM Medical Center's mission to train medical students, residents, and other health care providers and to advance medical knowledge through basic and clinical research.

These important missions make UVM Medical Center and its employees subject to a myriad of complex Federal and State laws and regulations. UVM Medical Center has a strong and abiding commitment to promoting an organizational culture that encourages ethical conduct, preservation of patient privacy, and compliance with the law. To underscore and enhance its commitment and to better assist all employees in this regard, UVM Medical Center created the Compliance and Privacy Program, which is built on the fundamental belief that our success depends on collaboration, honesty, and respect as well as the trust of those we work with or serve. It serves as a guide in the way we conduct ourselves and our business and is an integral part of our delivery of compassionate, quality healthcare.

### **A. Purpose:**

The purpose of this Compliance and Privacy Plan (the "Plan") is to foster honest and responsible conduct. It also promotes the prevention, detection, and resolution of conduct that does not conform to Federal and State law or UVM Medical Center's ethical and business policies and provides guidance to each UVM Medical Center employee.<sup>1</sup> The procedures and standards of conduct contained in the Plan generally define the scope of issues which the Plan is intended to cover, but are not to be considered all inclusive.

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<sup>1</sup> Throughout this Plan, "UVM Medical Center" and "employee" includes UVM Medical Center's employees, members of the Board of Trustees, independent contractors, Medical Staff, volunteers, students, and vendors.

The Plan is designed to encourage ethical and honest behavior, to prevent accidental and intentional noncompliance with applicable laws, to detect and remedy noncompliance if it occurs, to correct those involved in noncompliant behavior, and to prevent future noncompliance. UVM Medical Center cooperates with State and Federal regulatory authorities and will not permit any employee to willfully prevent, obstruct, mislead, or delay the communication of information or records relating to a regulator's proper exercise of its lawful authority.<sup>2</sup>

The Plan is updated periodically to keep UVM Medical Center's employees informed of the most current information available pertaining to ethical business conduct, patient privacy and the requirements of the health care industry.

The Board of Trustees of UVM Medical Center approved the development and implementation of the Compliance and Privacy Program in a resolution dated June 29, 1998. The Board approves periodic revisions to this Plan.

## **B. Goals:**

The goals of UVM Medical Center's Compliance and Privacy Program are to:

1. Foster a culture of integrity and compliance at UVM Medical Center.
2. Assist employees in recognizing that it is a privilege to be entrusted with a patient's personal health information, and that all members of the UVM Medical Center have important obligations that accompany that privilege.
3. Educate all employees on what to do when faced with business decisions and how to be in compliance with Federal and State laws and UVM Medical Center policies.
4. Ensure that employees feel comfortable and safe when raising concerns about corporate compliance or privacy issues.
5. Establish a clear, expeditious, and practical process for obtaining answers to questions and document UVM Medical Center's efforts to comply with applicable statutes, regulations, and health care program requirements.
6. Implement an effective system of auditing, monitoring, risk assessment, and remediation to prevent and detect criminal conduct or noncompliant behavior.

## **II. Written Standards**

### **A. Code of Conduct:**

All new employees receive copies of the Code of Conduct at orientation. All current employees receive training on the Code of Conduct as part of their annual mandatorys and receive notifications when the Code of Conduct is updated.

The Code is meant to ensure that employees perform their jobs within appropriate ethical and legal standards. The Code requires, among other things, that employees comply with all laws and regulations and UVM Medical Center's policies. It also encourages and gives guidance to all employees so that they know what is expected of them and where to obtain additional resources. The Code of Conduct serves as the foundation for the Compliance and Privacy Program.

### **B. Written Policies:**

UVM Medical Center has developed written policies and procedures regarding the operation of its Compliance and Privacy Program to reinforce sound and ethical business practices and to address areas of legal and regulatory risk. These policies and procedures address: (1) the need for compliance in connection with all activities including submissions for reimbursement for services; (2) documentation requirements; (3) protection of patient privacy, (4) methods for employees to make disclosures or otherwise report ethical and compliance issues to management and/or supervisors, and through the

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<sup>2</sup> It is Federal offense to prevent, obstruct, mislead, or delay the communication of information or records relating to a violation of a Federal health care offense to a criminal investigator. 18 U.S.C. § 1518.

Confidential Disclosure mechanisms, (5) protection from retaliation for reporting compliance or quality of care issues, (6) processes for auditing and monitoring; and (7) responding to violations of regulations or policies. UVM Medical Center assesses and updates these policies and procedures at least every three years or more frequently, as appropriate. Specific policies are reviewed and revised in response to significant compliance events, risk assessments, monitoring, changes in business arrangements, and regulatory developments.

### **III. Training and Education Programs**

This Plan provides for annual compliance and privacy education for all employees at all levels of the organization. The educational program includes all new UVM Medical Center employees, all administrative and clerical staff that are involved in either professional or institutional billing, all UVM Medical Center employed physicians and other billing providers, management, and the Board of Trustees. UVM Medical Center maintains documentation that reflects completion of and, where applicable, demonstrated competency for all education and training sessions conducted as part of this Plan.

#### **A. New Employees:**

##### Orientation

All new employees are educated about the Plan during new employee orientation. The training includes introduction to the UVM Medical Center Compliance and Privacy Program, its commitment to responsible business practices, the Code of Conduct, legal requirements and risks, the mandatory reporting requirements, the reporting options, including the Compliance Hot Line, and the ability to report confidentially and be free from retaliation.

##### Administrative Staff Involved in Billing

All new employees that will be involved in the submission of claims are provided specific training on charging and billing requirements and rules during the first three months of their department orientation. This training includes the laws, policies, procedures, and other requirements regarding the documentation of medical records and submission of accurate claims for reimbursement.

##### Employed Physicians and Other Billing Providers

Within 45 days of beginning employment, all physicians and other billing providers will be educated on laws, policies, procedures, and other requirements regarding health care fraud and abuse and enforcement, professional documentation, and the compliance policies of their individual department. At a minimum, this training will include a discussion of:

1. The submission of accurate requests for reimbursement for physician services rendered to patients who are beneficiaries of federal health care programs.
2. The policies, procedures, and other requirements applicable to the documentation of medical records as they pertain to the rendering of physician services.
3. The personal obligation of each individual to ensure that the information documented by the individual, whether relating to actual patient care, the type of services or items delivered or the coding of such services or items is accurate and meets the federal health care program requirements and UVM Medical Center's policies.
4. Reimbursement rules and statutes applicable to UVM Medical Center's participation in the federal health care programs.
5. The legal sanctions for improper reimbursement submissions, including the submission of false or inaccurate information.
6. Relevant examples of proper and improper billing practices, as it pertains to the rendering of physician services.

#### **B. Annual Employee Training:**

Except in the case of Medical Staff Members who undergo compliance training as part of their two year credentialing cycle, every employee is required to complete compliance training as part of their annual mandatories. Physicians, other billing providers, and employees involved in billing must also complete additional coding and billing training sessions that will cover similar topics as in Section III.A.3 above. UVM Medical Center has adopted a policy entitled Education about False Claims Recovery, the purpose of which is to provide detailed information to employees about (a) the federal False Claims Act, federal Program Fraud Civil Remedies Act, and similar legislation enacted by the States of Vermont and New York, (b)

“whistleblower” protections under both federal and state law, and (c) UVM Medical Center’s policies and procedures to prevent, detect and remedy fraud, waste and abuse.

C. The Board of Trustees: The Board will be periodically educated about health care compliance risk areas, the content and operation of the Plan and program, the Board’s responsibility for oversight of the implementation and effectiveness of the Plan, and the process for reporting compliance and privacy issues to the Board.

#### **IV. Communication and Confidential Reporting**

Employees have an affirmative duty to report in good faith any known or suspected Compliance or Privacy violations. These reports may be made to management or directly to the Compliance and Privacy Officer. UVM Medical Center has established a confidential disclosure mechanism through its Compliance and Privacy Hotline, a toll-free telephone line, as a means to enable employees and patients to report instances of noncompliance and/or make inquiries on compliance issues. All employees have the right to use the Compliance and Privacy Hot Line - 847-9430 or 800-466-7131. Information concerning the Hotline is regularly publicized throughout the organization through posters, websites, The One newsletter, and training materials. Reports made to the Compliance and Privacy Department will be treated confidentially. The disclosing or inquiring individual’s identity may be requested, but will not be required. Anonymity will not be discouraged. UVM Medical Center is committed to its policy of non-retaliation against employees and professional staff who report suspected violations in good faith.

#### **V. Compliance Standards and Procedures**

UVM Medical Center employees and agents must comply with numerous Federal and State laws and regulations that define and establish obligations for the health care industry. A principal focus of the Plan is to detect and prevent healthcare fraud and abuse by fostering the development of optimal business practices that will ensure accurate reimbursement for services rendered. According to the Center for Medicare and Medicaid Services, the most frequent kind of health care fraud arises from a false statement or misrepresentation made or caused to be made that is material to entitlement or payment under the Medicare program. Fraud is an intentional representation that an individual knows to be false or does not believe to be true and makes, knowing that the representation could result in some unauthorized benefit to himself/herself or some other person. Abuse involves actions that are inconsistent with accepted, sound medical, business, or fiscal practices and directly or indirectly result in unnecessary health care costs through improper payments.

Health care billing fraud and abuse risk areas include the following:

Billing for services not provided: All claims will be based on codes that are supported by the provider’s documentation. UVM Medical Center and its providers will accurately document the services that are provided. It is the responsibility of the billing physician or other health care professional to ensure that appropriate documentation supports the bill being submitted. UVM Medical Center employees should never submit a claim that is known to contain inaccurate information concerning the service provided, the charges, the identity of the provider, the date or place of service, or the identity of the patient.

All involved in the billing process will be vigilant to prevent practices that could constitute false claims and/or health care fraud and abuse. These practices include, but are not limited to:

- inaccurate billing
- misrepresenting services
- inaccurate or incorrect coding
- billing for substandard care
- billing for services not provided
- stinting on care
- inaccurate quality reporting
- failing to refund credit balances
- making false statements to governmental agencies
- certification of or providing medically unnecessary services
- billing for services without appropriate supervision
- “upcoding” or “unbundling”
- submitting duplicate claims
- billing with insufficient documentation
- billing for uncovered services

### Institutional Specific Billing Risks

- “DRG creep” & Ambulatory payment classification (APC)
- three day payment window
- outlier payments without adequate documentation and controls
- Medicare secondary payer (MSP)
- billing for discharge in lieu of transfer
- billing outpatient for inpatient-only procedures
- billing for inpatient services when an admission is not medically necessary
- incorrect claims due to outdated Charge Description Masters
- billing a patient or payer for services that should be charged to a research study

Filing False Cost Reports - UVM Medical Center ensures that its cost reports accurately document both the nature and amount of costs expended in rendering services to allow for appropriate reimbursement for the services it provides. Unallowable costs are not claimed for reimbursement.

While the Plan focuses on the prevention and detection of health care billing fraud and abuse and the protection of patient privacy, the Compliance and Privacy Department collaborates with other departments to ensure that UVM Medical Center complies with all regulatory requirements.

## **VI. Compliance Oversight**

### **A. The Board of Trustees:**

The UVM Health Network Board of Trustees, through its Audit Committee, oversees the operation of the Plan. The Audit Committee receives regular reports regarding compliance and privacy issues from the Chief Compliance and Privacy Officer. The reports address the compliance and privacy risk areas for UVM Medical Center, the elements of the Compliance and Privacy Program aimed at counteracting those risks, the issues that are encountered and the corrective action steps taken to resolve them. The full Board is apprised of compliance and privacy issues through regular reports from the Committee chair and from the Chief Compliance Officer as needed. .

### **B. The Chief Compliance and Privacy Officer:**

The Chief Compliance and Privacy Officer is empowered to enforce the requirements of this Plan. He or she reports directly on the nature and status of material compliance issues or matters affecting UVM Medical Center to: (i) the UVM Health Network Board of Trustees Audit Committee, as well as Senior Management and the President/ CEO and/or the Chair of the Audit Committee, when necessary and appropriate. For purposes of coordination and efficient communication, he or she also reports to the Network General Counsel in carrying out the job functions and accountabilities described in this Plan. A member of UVM Medical Center leadership, the Chief Compliance and Privacy Officer is continuously charged with the responsibility for oversight and day-to-day operations of the Compliance and Privacy Program and maintaining a visible presence in all areas of compliance and ethical risk. The Chief Compliance and Privacy Officer is supported by the operations of the Compliance and Privacy Department. The Chief Compliance and Privacy Officer’s duties include:

- Optimizing the Compliance and Privacy Program to ensure its effectiveness and efficiency and ensuring that UVM Medical Center operates with transparency and honesty in its business dealings
- Serving as UVM Medical Center’s authority and providing leadership on standards of conduct and compliance and privacy risks
- Developing policies and procedures for implementation and operation of the Plan and providing guidance for all policies and procedures that are relevant to issues addressed by the Plan
- Investigating and resolving possible noncompliance and supplying input as needed concerning individual and organizational corrective action related to noncompliance

- Assisting in developing and delivering educational and training programs
- Supervising monitoring, auditing, and reporting of activities related to this Plan
- Maintaining a confidential and retribution-free reporting system for compliance and privacy concerns
- Investigating and resolving complaints of retaliation

### **C. The Compliance Committee:**

The Compliance Committee meets monthly and is responsible for advising the Chief Compliance and Privacy Officer and assisting in the implementation and improvement of the Compliance and Privacy Program. The Chief Compliance and Privacy Officer is its chair. UVM Medical Center will ensure that the Compliance Committee is continuously composed of representatives from multiple disciplines and segments of institutional and professional services operations. At a minimum, the Compliance Committee will include the Chief Compliance and Privacy Officer, the General Counsel, Chief Nursing Officer or designee, the Vice President of Finance, the Director of Medical Informatics, the Director of Professional Revenue, the Director of Health Information Management, the Director of Patient Financial Services, , the Medical Director of Case Management, a representative from the Jeffords Institute for Quality and Operational Effectiveness, and at least one additional physician member appointed by the President of the University of Vermont Medical Group. The members are expected to attend meetings, and in the event that a member is unable to attend, the member shall arrange for a representative to attend on his/her behalf. The Committee reports directly to the UVM Health Network Board of Trustees Audit Committee. In addition, responsibilities of the Compliance Committee include, but are not limited to:

- Monitoring and overseeing the implementation and performance of the Plan
- Receiving and acting upon reports and recommendations of the Chief Compliance and Privacy Officer
- Recommending and monitoring the development and implementation of internal systems and controls to ensure the organization's regulatory compliance
- Developing a comprehensive strategy to promote compliant and ethical conduct throughout the organization
- Performing other functions to support the success of the Compliance and Privacy Program
- Reporting compliance and privacy activities and concerns back to their functional areas

### **D. Non-Physician Directors/Managers:**

Each director/manager whose activities involve any of the compliance-related matters described in section V above will serve as the compliance and privacy leader for his or her department. The director/manager shall coordinate education and compliance activities with the Chief Compliance and Privacy Officer.

## **VII. Enforcement and Incentives**

Promotion of and adherence to this Plan, including participation in mandatory Compliance and Privacy training, is considered an integral part of the job performance of all employees. UVM Medical Center physician employment agreements include a provision that specifically details compliance responsibilities by individual physicians.

Managers should encourage employees through positive reinforcement to act with honesty and integrity in their job performance. In addition, employees' awareness of and adherence to the Compliance and Privacy Program should be used as an element in the performance evaluation process.

This Plan is enforced through applicable UVM Medical Center Human Resources and Compliance and Privacy policies and pursuant to applicable employment agreements. Any employee who violates the law or UVM Medical Center policies may be subject to corrective action, up to and including immediate termination of employment. The Chief Compliance and Privacy Officer shall be consulted as necessary as to proposed disciplinary actions relating to compliance or privacy violations.

## **VIII. Monitoring and Auditing**

### **A. Annual Audits of Professional Claims:**

UVM Medical Center has developed a protocol for auditing claims for professional services to government payers. The audits are conducted by qualified Compliance Auditors. The auditors review a sample of government payer patient claims for UVM Medical Center billing providers' medical and billing records. The auditors review the medical and billing records to determine if the proposed claim for reimbursement is supported by the medical documentation. The objective of the audits is to determine if the documentation is in compliance with applicable standards for coding, documentation, and billing related laws and guidelines.

The Chief Compliance Officer will provide reports for each billing provider audited and an aggregate report for each clinical department to the Practice Director and the Department Chair. Providers who do not meet audit benchmarks will receive written notice of the determination and will be subject to follow-up audits. The Chief Compliance and Privacy Officer is authorized to institute a bill hold for any provider that does not meet audit benchmarks or otherwise presents a risk of incorrect billing. The bill hold will remain in place until the provider demonstrates a pattern of billing compliance. Department Chairs are responsible for instituting appropriate measures to ensure billing providers address any patterns of non-compliance and take any necessary corrective actions.

### **B. Audits of Institutional Billing:**

Audits for institutional billing are initiated by the Chief Compliance and Privacy Officer with input from the Compliance Committee. The audits are initiated to assess specific risk areas. The risk areas may be identified through various means including internal risk assessments, data analysis, prior audit results, or regulatory developments. The results of institutional audits are reported to the Compliance Committee and the Audit Committee and, where appropriate, to the affected Vice-Presidents, Directors and Managers.

### **C. Regulatory Reviews and Audits:**

The Chief Compliance and Privacy Officer may initiate reviews and audits of regulatory issues in conjunction with or independent of the relevant department(s) and/or individual(s). The purpose of these inquiries is to determine if UVM Medical Center is in compliance with applicable regulatory standards. The inquiries would be initiated in response to internal risk assessments or concerns or regulatory developments. The results of such inquiries would be reported to the Compliance Committee, senior leadership and the Audit Committee of the Board of Trustees and, where appropriate, to the affected Vice-Presidents, Directors and Managers.

### **D. Privacy Reviews**

The Compliance and Privacy Department will conduct monitoring and auditing of the access to and use and disclosure of patient information. These reviews will include pro-active, routine monitoring as well as ad hoc audits in response to increased risk or concern for a privacy breach. The results of the reviews will be reported to affected departments and to the Compliance Committee.

**IX. Responding to Detected Noncompliance and Developing Corrective Action**

The Chief Compliance Officer may investigate and/or report known or suspected noncompliance to the General Counsel to determine whether a material violation of applicable law has occurred. If it is determined that a material violation has occurred, the Chief Compliance Officer and/or the General Counsel shall take reasonable measures to correct the problem.

Corrective action will be tailored to the error(s) that resulted in noncompliance. The relevant management authority will develop corrective action plans where indicated, subject to the approval of the Chief Compliance Officer. Corrective measures may include the repayment of funds, and/or reporting to regulatory and/or law enforcement authorities, education, policy revisions and corrective action. All corrective measures shall be implemented promptly. The Chief Compliance Officer may initiate subsequent audits to review the effectiveness of corrective action. Any overpayments discovered as a result of noncompliance will be returned promptly and within required time limits to the affected payer with appropriate documentation and explanation as necessary.

If the Chief Compliance Officer or Compliance Committee discovers credible evidence of misconduct from any source and, after a reasonable inquiry, has reason to believe that the misconduct may violate criminal, civil, or administrative law, UVM Medical Center will promptly report the existence of misconduct to the appropriate governmental authority within the appropriate time period.

**REVIEWERS:**

Compliance Committee

**APPROVING OFFICIAL'S NAME:**

Jennifer Parks, Chief Compliance and Privacy Officer