



UNIVERSITY OF ILLINOIS Hospital & Health Sciences System

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University of Illinois College of Medicine Physician Group (UIPG) Compliance Plan

Updated for Calendar Year 2018

Purpose

The UIPG is committed to ensuring that its affairs are conducted in accordance with applicable laws, rules, regulations, policies, and procedures. The purpose of this Compliance Plan and its component policies and procedures is to establish and maintain a culture within the UIPG that promotes high standards of ethical and business conduct and the prevention, detection, and resolution of conduct that does not conform to UIPG's standards and policies, applicable law, and health care program or payer requirements.

This Compliance Plan applies to all UIPG personnel, including but not limited to its Board of Directors, administration, physicians and other practitioners, employees, volunteers, and other entities providing services on behalf of UIPG.

The Department of Health and Human Services, Office of Inspector General (OIG) has stated that every effective compliance program should begin with a formal commitment by the physician practice to address all of the applicable elements listed below, which are based upon the seven steps of the Federal Sentencing Guidelines.

The Plan

I. Standards of conduct, policies and procedures

The University has developed the [University Code of Conduct](#) for professional conduct by those acting on behalf of the University. The Code articulates the University's commitment to comply with all federal and state laws and regulatory standards, and serves as a basis on which employees should make decisions related to the best interests of themselves, their co-workers and the University.

The COM Director of Compliance is responsible for coordinating the development, approval and distribution of written compliance policies that address specific areas of risk. Once approved by the Board of Directors of the Medical Service Plan, the compliance policies will be placed on the COM Compliance website, making it available to all individuals including the University's agents and independent contractors who are affected by the particular policy at issue.

II. Oversight and Accountability

Compliance Officer

Implementation and oversight of the UIPG Compliance Program is delegated to the College of Medicine (COM) Director of Compliance. The COM Director of Compliance collaborates with the University of Illinois Hospital & Health Science System (UIHHSS) Chief Compliance Officer.

The COM Director of Compliance:

- Oversees and monitors the UIPG Compliance Program.
- Assists in the revision of the Compliance Plan to conform to changes in the needs of the organization and laws and policies of government and private payers.
- Oversees auditing and monitoring activities.
- Acts as a primary contact on matters relating to compliance.
- Develops and oversees compliance education and training for the UIPG.
- Provides regular updates on compliance to impacted stakeholders, which may include the UIPG Director, Board of Directors, the COM Dean, the COM Associate Deans of Clinical Affairs, COM Associate Dean for Administration, COM Departmental Compliance Liaisons (DCL), and business managers and UIHHSS clinical departments.
- Disseminates information on compliance to clinical departments as appropriate.
- Chairs the Research Billing Committee and represents the UIPG on the Campus Compliance Committee, Compliance Business Committee and other related committees as necessary.

The heads of the clinical departments of the COM are ultimately responsible for the compliance within their respective departments. The clinical departments of the COM are as follows:

- Anesthesiology
- Dermatology
- Emergency Medicine
- Family Medicine
- Medicine
- Neurology & Rehabilitation
- Neurosurgery
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology

- Pathology
- Pediatrics
- Psychiatry
- Radiology
- Surgery
- Urology

Each department head shall designate a DCL (see Appendix A for DCL listing) to handle implementation and oversight of compliance within their department with guidance and oversight from the COM Director of Compliance.

The DCL:

- Assists the Department head in the development and implementation of compliance policies that pertain to the laws, regulations, and common practices within their department and clinical specialty as necessary.
- Assists in any auditing and monitoring functions specifically developed by the department as well as those co-managed by the COM Director of Compliance.
- Submits monitors on a quarterly basis to the COM Director of Compliance based on findings of auditing/ monitoring activities.
- Acts as a primary contact to faculty and staff within the department on matters relating to compliance.
- Attends quarterly DCL compliance meetings held by the COM Compliance Office. If the DCL or substitute is absent for a meeting, the department head will be notified.

Compliance Committee

Purpose: As a subcommittee of the UIPG Executive Committee, the purpose of the UIPG Compliance Committee is to oversee the implementation and operation of the UIPG Compliance Program as administered by the COM Director of Compliance. The Committee will review effectiveness of policies, procedures, and educational programs, as well as make recommendations for program improvement. The Committee will review internal reviews and reporting processes to promote effective program management and Compliance Plan compliance.

Duties:

- Oversee the Compliance Plan, including training of faculty and staff, to assure that billing and collection comply with all government statutes, regulations and guidelines.
- Review compliance reports and make appropriate recommendations to the Board of Directors.
- It is the Committee Chair's responsibility to provide reports and recommendations to the Board of Directors.

- Comply with the Compliance Plan.

Composition of the Committee

Chair:

- George Kondos, MD, Vice Chair for Clinical Affairs of the Department of Medicine

Committee Members:

- Fady Charbel, MD, Head, Department of Neurosurgery
- Frank Goldberg, PhD, Chief Business Officer, UIPG
- Lisa Lenz, CMPE, Chief Operating Officer, WWT
- Craig Niederberger, MD, Head, Department of Urology
- Heather Prendergast, MD, Assistant Dean of Clinical Affairs
- Patrick Tranmer, MD, Associate Dean for Clinical Affairs

Ex-officio Members:

- Nicole Almiro, COM Director of Compliance
- Marilu Luna, COM Associate Director of Compliance

Committee Meetings

- The Committee will meet quarterly at predetermined times and dates. In addition, the COM Compliance Officer and/or the Chair will have the authority to call special meetings as warranted.
- A summary of items addressed and actions taken at each meeting will be recorded and retained by the COM Compliance Office.
- A minimum of one-half of membership will constitute a quorum.

Committee Member Responsibilities

- Regular attendance at scheduled meetings is encouraged.
- Ability to maintain sensitive information in a confident manner, unless otherwise directed by counsel.
- Commitment to the stated objectives and goals of the Program.

III. Training and Education

1. Purpose: The purpose of the COM training and education program is to heighten the awareness of the UIPG Compliance Program and to incorporate the Program and its policies into daily practice. The major component of the Program is the COM Compliance Training module.
2. The COM Compliance LMS Training module shall be required for UIPG faculty and staff (attendings, residents, Non-Physician Providers (NPPs), Directors of Administrative Operations, coders/billers).

- The COM Compliance LMS Training module shall be conducted within thirty (30) days of hire or contract date, within such other times as communicated by COM Compliance staff, and annually.
 - Individual clinical departments within the COM may choose, at their discretion, to institute additional compliance training requirements to address specific risk areas or training needs.
 - Participation in the COM Compliance Training module shall be documented electronically and shall be available to the UI Health Chief Compliance Officer upon request.
3. Providers and staff may also be required to undergo supplemental training based upon results of audit activities.

IV. Open Lines of Communication

Communication lines to the COM Compliance Office shall be in place and accessible to all employees and persons associated with UIPG to allow compliance issues to be reported directly to COM Compliance staff or anonymously via the UI Health compliance hotline.

The COM Compliance Office has an “open door” policy for employee access to compliance staff. Moreover, compliance update emails are sent to all COM faculty and staff as applicable, and a compliance newsletter, the Compliance Communique, is produced quarterly and provided to all COM employees electronically.

V. Monitoring, Auditing and Risk Assessment

- *Quarterly Monitor*

The COM Office of Compliance, on a quarterly basis, shall report on presence of documentation to support the charge, number of days to complete documentation for encounters billed in the previous quarter, and accuracy of NPP billing. This report is generated by the DCL in each Clinical Department and shall utilize randomly sampled data provided by COM Compliance. The COM Director of Compliance collects this data from the 17 departments in the COM and results are reported to the UIPG Compliance Committee.

- *Annual Concurrent Reviews*

The COM Compliance department conducts annual reviews of each of the clinics and inpatient services. The reviews are concurrent or a prospective/pre-bill review process whereby claims undergo review prior to their submission to a third party for reimbursement.

If the review indicates that the professional code(s) selected cannot be supported by the documentation in the patient's medical record or the charge was billed under the incorrect provider, the charge is either not billed or adjusted based on audit findings before release.

The results of the coding and documentation review are submitted to the COM Director of Compliance and sent to the Department Head, Clinic Medical Director, Clinic Directors, Chief Ambulatory Officer, Director of Ambulatory Coding, and Ambulatory Compliance. If a provider/coder does not pass the audit (>85%), an individual education session is scheduled and tailored to the needs of the provider/coder. Six (6) months later, the provider/coder is re-audited. If the provider/coder passes, no further action is taken. If not, an additional individual education session is provided and that provider/coder is then re-audited at three (3) months. If the provider/coder does not pass, the COM Director of Compliance works with the Department Head to develop an action plan to address the risks and errors identified during the audit process. This action plan may include a prospective review process whereby claims undergo an additional review prior to their submission to a third party for reimbursement. Action plans must be developed and implemented within a time frame that is reasonable considering the level of risk or seriousness of errors identified.

- *Investigational/For-cause Audits*

In response to issues or concerns that might arise within a department or across the college, the COM Compliance will audit to monitor compliance with applicable laws, regulations, and University policies and procedures.

VI. Consistent Discipline

Considerable effort has been made in the development of the COM Compliance Office, which is charged with the responsibility of responding to allegations of improper activities. The University Code of Conduct, Article IX, Section 6 of the University Statutes, as well as this Compliance Plan have been established to ensure COM employees are aware that compliance shall be treated seriously, and that violations and non-compliance shall be dealt with fairly, consistently, and uniformly.

VII. Corrective Action

Reasonable and prompt steps shall be taken to respond to all violations detected through audits and monitoring, and those that are reported by individuals. Implementation of a corrective action plan shall take place for any violations confirmed by an investigation. Examples of corrective action include repayment of overpayments and disciplinary action against responsible parties.

The UIPG Board of Directors fully endorses this Compliance Plan and supports the efforts of all our employees as they continue to promote a culture of compliance and ethics.

George Kondos, MD
Chair, Compliance Subcommittee of UIPG Executive Committee
Approved by Compliance Committee Meeting: 6/8/17

Appendix A

	Departmental Compliance Liaison		
	Contact	E-mail	Phone
Anesthesiology	Michelle Lazzara	michelel@uic.edu	355-0558
Dermatology	Dustin Phoutharath	dphout2@uic.edu	996-6966
Emergency Medicine	Rhea Begeman	rheab@uic.edu	413-0002
Family Medicine	Kemi Borokini	Kborok2@uic.edu	996-0750
Medicine	Mary Morrissey	marytm@uic.edu	996-6182
Neurology- Rehabilitation	David Katz	davkatz@uic.edu	355-1748
Neurosurgery	Veronika Ossul	vossul@uic.edu	996-4842
OB/GYN	Cathy Driscoll	driscoll@uic.edu	996-5994
Ophthalmology	Lisa Graben	lgraben@uic.edu	996-7774
Orthopedics	Jonathan Bode	jbode@uic.edu	355-3828
Otolaryngology	Kamile Karpyte	kamilek@uic.edu	996-6519
Pathology	Preyal Patel; Linda Lieu	preyal@uic.edu ; llieu2@uic.edu	996-2135; 996-7313
Pediatrics	Myrna Grant; Suzanne Feret	myrnag@uic.edu ; sferet1@uic.edu	996-0984; 996-7568
Psychiatry	Juliana Falloon; Sunita Prabhakar	jfallo2@uic.edu ; sprabhakar@psych.uic.edu	413-7590; 413-3783
Radiology	Kunal Vora; Jasmine Martinez	kvora2@uic.edu ; jmart211@uic.edu	355-5258
Surgery	Arlin Ospina	aaldab1@uic.edu	996-6771
Urology	Kamile Karpyte	kamilek@uic.edu	996-6519

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