

MADISON COUNTY POLICY AND PROCEDURES

Subject: **Compliance Policy:**
 Reimbursement Practices and Billing Errors

Issued: February 19, 2013

Approved: April 9, 2013

Revised: November 25, 2014

Purpose:

Madison County (sometimes referred to as “County” or “the County”) is committed to accuracy and integrity in all its billing, coding, and other reimbursement operations. To reinforce this commitment, the Compliance Officer is responsible for general oversight of medical and mental health care billing, coding, and other reimbursement operations in accordance with this policy.

Policy:

Madison County is committed to ensuring that its reimbursement practices comply with all federal and state laws, regulations, guidelines, and policies. The County prohibits the intentional submission for reimbursement any claim that is false, fraudulent, or fictitious. Furthermore, the County is committed to ensuring against the accidental submission of any claim that is false or inaccurate.

This commitment includes a policy of ensuring accurate billing of claims for medical and mental health care services that are actually rendered and deemed medically necessary. This policy and the following procedures were adopted to ensure that general guidance is available for all employees.

Procedures:

1. The Compliance Officer is responsible for ensuring that all reimbursement and billing procedures contained in this policy are integrated into the operations of the organization.
2. All employees will receive compliance training that will reinforce the following policies:
 - Anyone who has knowledge of a problem related to reimbursement (e.g., submission of a claim that is false or contains false information) must report that problem to management (employees can report directly to management or use the hotline).
 - Failure to report a known problem related to reimbursement will subject an employee to disciplinary action.
 - Inaccurate claims submission may subject Madison County, involved employees, and other representatives to civil or criminal penalties.
 - Anyone reporting a problem or concern in good faith will be protected by the non-retaliation policy.
3. The Compliance Officer is responsible for ensuring that the Code of Conduct provides adequate general guidance concerning appropriate reimbursement practices.

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4. The Compliance Officer is responsible for making sure that the employee compliance training program includes training on reimbursement practices.
5. Specialized training is provided to all Mental Health and Public Health department reimbursement personnel as part of their new employee orientation.
6. All medical and mental health care services rendered to individuals shall be documented in a proper and timely manner, so that only accurate and properly documented services are billed.
7. Medical and mental health care claims will be submitted only when appropriate documentation supports the claim and only when such documentation is maintained for audit and review. The documentation, which may include service recipients' records, shall include the identity and title or professional certification of the individual providing or ordering the service.
8. The Mental Health and Public Health Departments will develop and maintain written procedures for the documentation of medical and mental health care services. Procedures will include, at a minimum, the following:
 - Attendance records;
 - Receipt and maintenance of service plans (including, but not limited to, Individual Education Plans and Treatment Plans);
 - Service documentation requirements specific to the respective program;
 - Definition of contemporaneous documentation;
 - Attestation and review prior to submission to billing personnel; and
 - The forms used for documentation and billing purposes.
9. The Committee must review and approve any substantial changes to billing and documentation policies and/or procedures before implementation.
10. The Mental Health and Public Health Departments will conduct an annual review of its documentation practices to verify that practices conform to the written procedures. Results of the review will be presented to the Compliance Officer by the end of the fourth quarter of the calendar year.
11. The Mental Health and Public Health Departments and reimbursement staff shall use their best efforts to communicate effectively and accurately with each other to assure compliance and avoid the potential for billing irregularities and/or errors.
12. The Compliance Officer is responsible for responding, in a timely manner, to all problems, concerns, or questions related to reimbursement practices. The Compliance Officer is also responsible for ensuring that appropriate remedial actions are taken for any irregularities uncovered.
13. If a billing error that could lead to a false claim is discovered after the billing has been submitted (some examples include: knowingly making a false statement, falsifying records, submitting claims for services never performed, double-billing, or otherwise causing a false

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claim to be submitted), these findings should be immediately reported to the department head and the Compliance Officer.

14. Any billing error will be recorded by the director/manager through the completion of a Void/Adjustment Claim Form (attached to this policy). The following information will be recorded on the form:

- Patient/client's name, payor and identification number;
- Date(s) of services and units;
- Description of service;
- Change requested (void, add, adjust); and
- Reason for the change.

Completed form will be forwarded to the department head for review and signature. The department head will notify the Compliance Officer, Treasurer, and Assistant to the Chairman of the Board of Supervisors of the voided claim.

The department head will ensure that the adjustment is made and recorded on the Void/Adjustment Claim Form. The completed form will be maintained in the affected department and a copy forwarded to the Compliance Officer for follow-up and tracking.

15. The Compliance Officer is responsible for the investigation of any billing errors or irregularities. Appropriate steps will be taken to prevent recurrence.
16. Any overpayment received as a result of such billing error will be promptly repaid to the appropriate payer, with interest, if appropriate.
17. A report of irregularities, the results of investigations and the remedial actions will be recorded on the compliance log and reported to the Compliance Committee on a quarterly basis, and at least annually to the Board of Supervisors.
18. The Compliance Officer will work with the responsible management staff overseeing the reimbursement functions, to verify on an annual basis that all reimbursement and billing manuals and materials are current and accurate.
19. The Mental Health and Public Health Departments' billing staff will conduct an annual review of internal billing, claims processing, and reimbursement, to verify that all billing activities conform to current policies and procedures of the organization.
20. The Compliance Officer will conduct an annual audit and review of the reimbursement activities, to evidence that all billing staff have been trained in proper billing and coding procedures and validate that management properly verified reimbursement procedures and practices. A report on the results of this review will be made annually to the Compliance Committee.