



**PROFESSIONAL SERVICES BILLING  
COMPLIANCE PROGRAM  
FOR FY2023(partial) & FY2024**

Effective March 1, 2023 - June 30, 2024

REVIEWED WITH

<u>Governance Group</u>	<u>Date</u>
Clinical Compliance Oversight Committee	4/13/2023
Board of Fellows – Clinical Affairs/PO Committee	9/28/2023
Executive Faculty Council	10/12/2023
Board of Fellows	10/11/2023
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APPROVAL STEPS:

<u>Governance Group</u>	<u>Date</u>
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# TABLE OF CONTENTS

## Contents

TABLE OF CONTENTS .....	2
INTRODUCTION .....	3
I. SCOPE .....	4
II. WRITTEN POLICIES, PROCEDURES AND STANDARDS OF CONDUCT .....	4
III. DESIGNATED COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE .....	5
IV. EFFECTIVE TRAINING AND EDUCATION .....	7
V. EFFECTIVE LINES OF COMMUNICATION .....	8
VI. SYSTEM FOR AUDITING, ROUTINE MONITORING, AND IDENTIFICATION OF COMPLIANCE RISK .....	9
VII. SYSTEM FOR PROMPT RESPONSE TO COMPLIANCE ISSUES .....	10
VIII. STANDARDS ENFORCED THROUGH WELL PUBLICIZED DISCIPLINARY GUIDELINES .....	11
IX. ANNUAL REVISION OF THE COMPLIANCE PROGRAM .....	11
Appendix A .....	13
Appendix B .....	14
Appendix C .....	17

## INTRODUCTION

Cornell University (the “University”) is committed to conducting business with the highest ethical standards. All executive officers, trustees, faculty, principal investigators, staff, student employees, **contractors, and others** (“workforce”) acting on behalf of the university are expected to comply with relevant laws, regulations, policies and **procedures**, grant, and contract requirements, and all applicable university and professional standards. No unethical practice will be condoned on the grounds that it is “customary” or that it serves worthy or honorable goals.

**The University is also committed to ensuring that Weill Cornell Medicine (“WCM”) have an effective Compliance Program, including but not limited to, the seven elements described at Title 18, Part 521 of NYCRR.**

Weill Cornell Medicine’s Compliance Program is established to create a culture of compliance that promotes prevention, detection, and correction of conduct that does not comply with applicable **federal and state** laws and institutional policies.

As part of the Compliance Program, WCM has **appointed a Chief Compliance Officer (“CCO”) and established a Clinical Compliance Oversight Committee – Billing Compliance (“CCOC-BC” or Committee) and implemented an effective Compliance Plan (“Plan”).**

The Plan is designed to **establish the elements of the WCM Compliance Program and describe the procedures for its implementation and operation. It also serves to provide initial and on-going education and training regarding applicable federal and state laws and institutional policies to detect, investigate, mitigate, and correct non-compliance, and discipline as appropriate. In addition, the Plan is designed to proactively identify compliance risk through routine monitoring and an annual risk assessment.** WCM makes a concerted effort to prevent, detect, and correct any identified fraud, waste, and abuse issue. The Plan strives to create a culture that promotes an understanding of and adherence to all applicable federal, state, and local laws/regulations, which includes activities to prevent, detect and correct fraud, waste, and abuse. The Plan details the fundamental principles, values, and framework for professional services compliance across WCM. To be effective, the Compliance Program and Plan continuously evolves and is reviewed and updated annually to meet the changing operating and regulatory landscape.

**The Compliance Program is led by the CCO who collaborates as a subject matter resource, with WCM workforce, who engage or support billing activity to ensure accurate billing, correct coding, and documentation of professional services. In addition, and pursuant to the WCM policy – Compliance Investigation & Resolution Process – the CCO is responsible for investigating and resolving compliance-related issues received via the Compliance Hotline and all other sources.**

**The CCOC-BC provides direction, oversight, and guidance to the Compliance Program and is responsible for ensuring that corrective actions are taken whenever deficiencies in the program or compliance with the law are identified.**

**The Compliance and Privacy Office (“CPO”) carries out the day-to-day implementation and operations of the Compliance Program and is responsible for the creation, annual review and revision of written policies and procedures that articulate a commitment to comply with all federal and state laws, and WCM policies and procedures. The staff of the CPO is comprised of a team of compliance professionals who are experienced in the areas of coding, billing, auditing, and investigations.**

The Compliance Program includes the following seven (7) **required** elements:

1. Written Policies, Procedures and Standards of Conduct
2. Designated Compliance Officer and Compliance Committee
3. Effective training and education
4. Effective lines of communication
5. Standards enforced through well publicized disciplinary guidelines
6. Effective system for auditing, routine monitoring, and identification of compliance risk
7. System for prompt response to compliance issues

~~In addition, the Compliance Program, in accordance with Social Services Law s363-d and 18 NYCRR Part 521 includes an eighth element:~~

- ~~8. Policy of non-intimidation and non-retaliation for good faith participation in the compliance program.~~

Annually, the Plan is reviewed by the General Faculty Committee (“GFC”), Executive Faculty Committee (“EFC”), Clinical Affairs/Board of Fellows, and approved and adopted by the CCOC-BC.

The Plan is available to WCM workforce on the Compliance internal website and is distributed to the Clinical Affairs/Board of Fellows. The Plan is distributed to WCM workforce at the time of hire and annually thereafter. Workforce members that have questions regarding this Plan are encouraged to contact the CPO.

## **I. SCOPE**

The provisions of this Plan apply to all **affected individuals, including** WCM providers, non-practitioner providers (“providers”), and all other workforce members, that engage in billing activities and applies to all billing activities by a provider for professional fees billed under the WCM federal employer tax-id. Additionally, the principles and practices embodied in the Plan guide the actions of any workforce of affiliated institutions that are involved in any aspect of professional billing, including but not limited to post-graduate trainees.

## **II. WRITTEN POLICIES, PROCEDURES AND STANDARDS OF CONDUCT**

An effective compliance program defines the expected behavior through a statement of conduct, code of conduct, and documented, dynamic policies and procedures. Within WCM, the mission, code of conduct, and core values provide the framework for the policies and procedures. Expected behavior is delineated in the compliance policies and procedures. Policies and procedures are detailed and specific and serve to operationalize the Plan. Policies and procedures are referenced in Appendix C and readily available on the Compliance website and are frequently communicated through a variety of mechanisms **to all affected individuals.**

Developed and maintained by the CPO, the Plan has written policies and procedures that:

- Communicate the commitment to comply with all applicable federal, state, and local laws and regulations.
- Provide guidance to implement and operationalize the Plan.
- Communicate procedure to report compliance issues, including fraud, waste, abuse, **and misconduct.**

- Communicate non-intimidation and non-retaliation for good faith participation in the compliance program.
- Communicate education and training requirements.
- Communicate auditing and monitoring guidance and reporting requirements.
- Communicate documentation requirements.

## **Policy and Procedure Review**

Policies and procedures are reviewed on an ~~regular basis~~ **annual basis**. Adherence to policies and procedures is routinely monitored. In addition, newly identified risk areas may require the development or revision of policies and procedures. Policies and procedures are reviewed regularly by the CCO to determine if they are current, effective, and reflected in operations.

## **Communication**

Policies and procedures are communicated to WCM workforce within 45 days of hire and annually thereafter. Policies and procedures are available on the compliance internal website. Other communication strategies include email notifications, presentations at various meetings, focused trainings/education, intranet, and periodic compliance newsletters.

The CCO is responsible for ensuring that policies established by the CO and CCOC-BC are disseminated ~~to the workforce~~ **all affected individuals**. To accomplish this objective, the CCO is responsible for tracking the status of compliance policies, revision dates and ensuring timely and appropriate distribution.

## **III. DESIGNATED COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE**

The Provost for Medical Affairs (the “Dean”) has responsibility for ensuring implementation and effective management of WCM’s Compliance Program. To assist in this effort, the Dean has established the CCOC-BC and the CO. The Committee meets regularly and is chaired by the WCM Associate Dean of Clinical Compliance. The purpose, authority, duties, and responsibilities of the Committee are fully described in the Charter, see Appendix B. The Committee reports to the Dean. The CO does not report to an Operational unit. The Associate Dean, Clinical Compliance, reports to the Dean.

The Committee is responsible for monitoring the Plan and ensuring the appropriate resources are available. It meets at least quarterly to ensure appropriate and effective oversight and compliance. The Plan performance outcomes based on the work plan will be presented at least quarterly to ensure appropriate and effective oversight and compliance at WCM.

### **Chief Compliance Officer (CCO)**

The CCO reporting to the Associate Dean, Clinical Compliance has authority and overall responsibility for the development, implementation, and management of the Compliance Program and Plan. For the Professional Service Billing Compliance Plan, the CCO duties include, but are not limited to the following:

- Oversees and monitors the implementation and on-going activities of the Plan including but not limited to conducting risk assessments to develop an annual work plan of compliance activities;

- Reviews, revises, and formulates written policies and procedures to guide billing of professional fees by individuals or organizations for services billed under a WCM tax-id and/or by WCM employed providers;
- Develops, implements, and delivers education and training programs;
- Collaborates with WCM departments, WCM workforce, and research administration personnel to develop, implement, review, and revise WCM policies and procedures related to professional service billing to ensure compliance with all applicable federal, state, local, and institutional rules and regulations;
- Develops and implements a monitoring and auditing strategy consistent with the Plan guidelines and objectives. Assists departments in development of department specific monitoring plans to ensure adherence to the Compliance Program guidelines;
- Designs, implements, conducts, and manages audits/reviews of documentation, systems, tools for selecting procedure, diagnosis, and other billing codes, physician presence, medical necessity, appropriate supervision, scope of work, consent, credentialing, to determine compliance with applicable rules and regulations or to detect and prevent non-compliance, as appropriate;
- Reviews, prepares, and revises the Professional Services Billing Compliance Annual Plan document based on risk assessment, industry trends, changes in rules, and regulations;
- ~~In collaboration with the Internal Audit Department,~~ Conducts exclusion screening to ensure future and current employees, referring providers, and vendors are monitored monthly for excluded persons in federal and state programs;
- Designs and prepares regular compliance metrics/reports, as indicated in the Plan, and/or directed by the Committee and presents regularly to the CCOC-BC; prepare and present quarterly and annual reports to the governing boards.
- Collaborates with NewYork-Presbyterian Hospital (NYP) and Columbia University Medical College (CUMC) to ensure consistent and compliant billing practices and system workflows are established when possible.
- Provides other assistance as directed by the Associate Dean for Clinical Compliance or requested by the Committee;

The CCO monitors and reviews compliance program performance through metrics and reports, analysis of business and clinical operations, corrective actions outcomes, audit, and monitoring trends.

### **Clinical Department Compliance Physician Leader and Compliance Liaison**

Each clinical department appoints a Compliance Physician Leader and a Compliance Liaison (administrative) to serve as the department resources in the implementation and monitoring of the Plan within their department. The Compliance Liaison has a dual reporting relationship to the CCO with responsibility for the following:

- Assessment and monitoring of department’s documentation and billing claims;
- Implementation of the Plan within department;
- Monitoring of compliance activity, trends, and risk within department;
- Implementation of corrective action plan, as required, in accordance with department written policy;
- Annual review of compliance risk for department and submission of identified risk and action plan for addressing to the CPO;
- Ensuring that the Plan mandatory billing/compliance education requirements are met;
- Coordinating and collaborating compliance education and training with the CPO;
- Ensuring that the CPO is notified of new providers prior to their start date or immediately upon awareness;
- Completing an annual department/division specific risk assessment;
- Review of audit reports and error cases, and provides feedback to the CPO for discussion in identified time frame;
- Review vendor arrangements for any external reviews, audits, coding with the CPO prior to engagement for review and approval;
- In collaboration with the CPO, develops department monitoring plan and reporting metrics as required by the Plan;
- Tracking department compliance risk and mitigation strategies and reporting to the CPO at least monthly;
- Meeting with the CPO on a regular basis, at least monthly to discuss monitoring plan findings and reporting metrics.

In accordance with this Plan, the CPO and compliance staff will have direct access to all documents and information, including but not limited to computer applications utilized by WCM for patient records, billing records, payer policies, agreements, and files, needed to review, assess, prevent, and detect compliance with applicable laws, regulations, policies, and guidelines. The CCO will seek the advice of WCM Counsel and may retain necessary consultants or experts when necessary.

#### **IV. EFFECTIVE TRAINING AND EDUCATION**

WCM provides a robust compliance and training program for the workforce engaged in or that supports professional billing services. The CPO provides education and training options to accommodate the various locations and diverse schedules of WCM workforce. Completion of a mandatory general compliance education program is required within 30 days of employment for all WCM workforce. New clinical providers are required to complete additional on-line training “Responsible Documentation in the EMR” within 60 days of employment. General Compliance education includes training on federal, state, and local laws and regulations, including but not limited to Fraud, Waste and Abuse.

General compliance education training is required annually thereafter for all WCM workforce. Annual education and training are offered in a variety of modalities. Education and training are offered in different formats including but not limited to, written communications (including emails), audio and video conferences, on-line training or mandated in-person attendance at lectures, conferences, and seminars. Additional information is posted on the compliance website: <https://compliance.weill.cornell.edu/>

The CPO reviews the education and training program annually and makes updates in response to changes in regulations, laws and/or WCM policies and procedures. The education and training program is also reviewed at least annually to assess education effectiveness. The training program is aimed at providing WCM workforce with compliance education and training needed to ensure adherence to federal, state, local,

and WCM policy and procedures. WCM's education and training program includes general and focused training, which includes role-based training. As new laws and regulations are implemented, the CPO assesses the regulation to determine if updates are required to the education and training program.

The CPO is the subject matter resource for compliance, documentation, and maintains a system for tracking compliance education and training conducted at WCM.

The CPO will communicate the compliance required and available training and education to the WCM community. The CPO will coordinate and collaborate with clinical and administrative departments on compliance education and training. The CPO will also develop and provide compliance education training to WCM. Department-based billing compliance education and training materials must be submitted to the CPO in advance for review and approval. Attendance records and compliance documentation, including education documentation, are maintained in accordance with the WCM records retention policy.

WCM departments must maintain attendance logs and training materials for all department-based compliance education/training. Department-based compliance education and training is conducted by operational departments. Departments must submit education and training information to the CPO quarterly, for all department-based compliance training. The CPO or Committee may also require that a WCM workforce member engaged or involved in billing activity to complete special/focused compliance education or training. The CPO maintains the master tracking system for general compliance training. WCM workforce that do not fulfill their education and training requirement, may be subject to disciplinary action and department sanctions.

## **V. EFFECTIVE LINES OF COMMUNICATION**

WCM has developed and implemented effective communication channels that are accessible to all WCM workforce. Communication channels include an anonymous, if desired, and confidential (to the greatest extent possible) hotline for reporting compliance issues and complaints. Various methods are used to disseminate the communication channels that are available to all for reporting compliance issues and complaints including email, intranet, newsletter, meetings, one-on-one training, and group sessions. WCM encourages transparency and open communication. The CPO staff are assigned to serve as the subject matter resources for each WCM department that engages in professional services billing activity. Open communication and transparency are necessary to maintain a culture of compliance, prevent, detect, correct compliance issues, and maintain an effective Compliance Program.

The compliance internal website is updated regularly and is a resource for compliance information. The compliance website includes, but is not limited to, the Plan, Statement of Conduct, Code of Conduct, Policies and Procedures, Education and Training Calendars, Hotline information, FAQs, and Issues and Complaints reporting guidance. The resolution and disposition of compliance issues and complaints are documented until resolved and then filed and maintained securely by the CPO. Reporters of compliance complaints and issues are kept confidential.

WCM workforce have an obligation to report suspected or known compliance violations of applicable law and institutional policies.

Questions regarding compliance matters should be directed first to the departmental Compliance Leader or Compliance Liaison. Compliance Liaisons/Leaders should contact the CO staff assigned to their department for compliance questions and guidance. Compliance violations should be reported to department Chief Administrative Officer and Chairperson ("department leadership"). Department leadership must report

violations of applicable law and institutional policy to the CO. WCM workforce may contact one of the following to report a compliance violation:

- Chief Compliance Officer
- Compliance Office designated Compliance Manager/Lead
- Associate Dean, Compliance
- Anonymous and Confidential Hotline
  - Ethical Conduct & Compliance Hotline Phone: (866)-293-3077
  - Ethical Conduct & Compliance Hotline Web Reporting Tool: [www.hotline.cornell.edu](http://www.hotline.cornell.edu)
- WCM Office of General Counsel

Compliance violation reporting requirements, methods and procedures are reviewed in the initial and annual general compliance education and training program, which is required for all WCM workforce.

Workforce who, in good faith, report potential compliance issues will not be subject to retaliation or harassment because of their report. Concerns about possible retaliation should be reported directly to the Associate Dean of Clinical Compliance, the CCO, a CO Director or Manager, or the WCM Office of General Counsel.

## **VI. SYSTEM FOR AUDITING, ROUTINE MONITORING, AND IDENTIFICATION OF COMPLIANCE RISK**

WCM has a comprehensive compliance program that consist of auditing and monitoring to prevent, detect, and proactively identify risk. Routine monitoring activities are required to confirm ongoing compliance with this Plan. The results of these monitoring activities are reported to the CO.

### **Compliance Audits/Reviews**

WCM conducts compliance audits to proactively identify and address potential issues of non-compliance consistent with applicable laws, regulations, and institution policies. A risk assessment to identify risk associated with applicable Federal and State laws is conducted annually; this risk assessment is used to generate the annual work plan.

The CO conducts routine **and risk-based** compliance reviews to assess compliance with applicable laws or institution policies. Compliance reviews may include probe or claims reviews, workforce interviews, policy effectiveness, or review of risk mitigation strategies implemented following a compliance audit. Findings and recommendations are documented following a compliance review and may require corrective action.

### **Compliance Audits**

Compliance audits are conducted by the CPO in a formal, structured, and systematic manner. Compliance audits are conducted by WCM workforce who are independent to the department or operational area being audited. The compliance audit includes the objective, scope, methodology, sample, guidelines, findings, and recommendations. All departments with identified compliance risk receive compliance audit and reviews conducted by the CPO.

The CPO ensures that compliance audits and monitoring reviews are conducted and documented in accordance with the Plan. A corrective action plan must be submitted for identified risk, potential or confirmed non-compliance.

### **Independent Review**

WCM will engage appropriate consultant resources for in an independent, prospective, or retrospective, claims review activity periodically. Independent reviews may be requested for specialty expertise, or to validate the work of the WCM Compliance Auditors.

### **Department/Operations Monitoring**

Monitoring reviews are conducted by department workforce to assess if policies, procedures, mitigation strategies, and documentation adopted and implemented are effective. Departments conduct routine compliance monitoring reviews and are required to submit documented findings, recommendations, and corrective action plans for monitoring conducted in accordance with the Plan.

### **Department Coders/Monitors**

Departments are required to ensure that their workforce with a coding role have and maintain their coding credential/certification. Coding credentials will be reviewed and confirmed by the CO, annually. All departments must provide the CO with a list of all coding staff and a current copy of their coding certification. Departments are required to provide updated, coding staff information, quarterly, to the CO.

WCM workforce are expected to cooperate with the CO and comply with compliance initiatives, institutional policies, and applicable laws and regulations. Workforce are expected to fully cooperate with compliance reviews, audits, investigations, access requests, and recommendations. The CCO, Associate Dean of Clinical Compliance, or Committee will determine if any activity is inconsistent with WCM compliance policies and determine appropriate actions to be taken.

## **VII. SYSTEM FOR PROMPT RESPONSE TO COMPLIANCE ISSUES**

WCM has developed and implemented procedures and a system for detecting, investigating, and responding to compliance issues promptly. All reported issues will be reviewed and if appropriate, investigated. If the compliance issue is substantiated appropriate corrective action will be taken (this may include notification to the payer, refund of overpayment, and disciplinary action). The CCO shall review findings with relevant parties as appropriate. WCM workforce must cooperate with the CCO, CO, or Associate Dean of Clinical Compliance during investigations. To the extent practical and appropriate, and subject to legal requirements concerning disclosure, the inquiry will be confidential. Nothing in this Plan, however, limits the authority of WCM or any external regulatory organization from conducting an investigation. If contacted by any government agency regarding a compliance matter, department personnel should immediately notify the CCO or their designee. Departments are required to notify the CO of compliance inquiries requested, when received, but no later than five (5) days upon receipt of request.

Compliance investigations will be resolved within thirty (30) days. If the compliance investigation cannot be resolved within 30 days, the Associate Dean of Clinical Compliance **and Committee will receive update on the investigation status during regular meeting.** ~~If the Compliance investigation is not resolved within sixty (60 days) the Committee will be notified.~~ Internal investigations are conducted with guidance from the General Counsel and under attorney-client privilege when necessary.

All investigative documentation will be maintained in the CO during the investigation and a final report, including the findings, recommendations, and corrective action (if applicable) will be documented and filed securely in the CO.

## **VIII. STANDARDS ENFORCED THROUGH WELL PUBLICIZED DISCIPLINARY GUIDELINES**

WCM workforce members who do not comply with the Plan, applicable laws, or institutional compliance policies may be subject to disciplinary action. Standards of Conduct and disciplinary guidelines are documented and widely available through policies, education programs, and available on the WCM internal website. All workforce members are informed that violations of the Standards of Conduct, applicable laws, and policies or failure to report a suspected or confirmed violation will result in corrective action. The corrective action applied may be based on the department, Committee, or CO. The Committee will receive periodic status reports on corrective actions, as appropriate. The CO will conduct compliance reviews to determine if corrective action(s) were effective.

Each department is required to submit their corrective action plan for non-compliance. Corrective action plans are designed to ensure not only that the specific issue is addressed but also that similar issues do not occur in the future. Depending on the violation, the corrective action plan may include: a) pre-billing review, b) additional group and/or individual training, c) template implementation, d) overpayment refund, e) disclosing the matter externally, as required to payers, or f) other controls or sanctions may be applied as appropriate and range from administrative time to 100% pre-billing claims review.

Willful disregard of billing standards, or a pattern of failure to comply with billing requirements including those that are part of a corrective action plan, may be deemed to be misconduct or neglect, warranting the imposition of disciplinary measures up to and including termination of employment and dismissal, in accordance with applicable policies and procedures. WCM workforce identified will be subject to disciplinary action in accordance with applicable policies and procedures.

## **IX. ANNUAL REVISION OF THE COMPLIANCE PROGRAM**

This Plan will be reviewed and updated on an annual basis. Updates are made to policies and procedures as required based on regulatory and institution changes and trends.

This Plan is intended to be flexible and may be updated based on applicable laws and regulatory changes, WCM policies, or to ensure continued effectiveness. The planning process for compliance work plan is dynamic and ongoing, therefore compliance continually evaluates new data (i.e., regulations, laws, trends) throughout the year to identify and assess the likelihood of any potential risk to WCM. Ongoing risk assessment may result in updates and changes to policies, procedures, and work plans. The CCO and Associate Dean of Clinical Compliance **will prepare quarterly, and annual reports** of the general compliance efforts taken the preceding year, and indicate key changes identified for the upcoming year.

Distribution of the Plan occurs routinely and consistently throughout the year. The Plan is provided to workforce following their initial and annual training, focused training when appropriate, and is also available on the internal compliance website: <https://compliance.weill.cornell.edu/compliance>.

### **References to regulations and other related policies**

- OMIG Compliance Program Guidance, Title 18 NYCRR, Part 521 (March 28, 2023)
- New York State Social Services Law §363d
- United States Sentencing Commission, Guidelines Manual, §8B2.1 (2021).
- Compliance Program Guidance for Individual and Small Group Physician Practices, 65 Fed. Reg. 59434 (October 5, 2000).
- Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858 (January 31, 2005)
- Policy 4.6 – Standards of Ethical Conduct
- Policy 4.17 – Whistleblower Protection

## Appendix A

### Key Billing Compliance Plan Objectives – FY 2023 (as of April 2023) & FY 2024

- Conduct an annual risk assessment and internal review process across the organization to identify and prioritize compliance risks associated with professional fee billing and update the compliance risk audit work plan.
- Implement the compliance risk audit work plan, develop corrective actions in response to results of compliance risk audits performed, and track and report on the implementation of the Risk Assessment Work Plan in order to assess its effectiveness.
- Recruit and/or develop Compliance Workforce to ensure multi-specialty billing compliance responsibilities and opportunities for collaboration are adequately covered and that the Compliance Office is regarded as the Professional Fee Billing subject matter expert. Engage with consultants for outsourcing when gaps are identified in specialty expertise or for special projects or urgent matters, if needed.
- Collaborate with research administration and deliver specific education and training for research related professional fee billing matters. Include research billing in the audit work plan as a high priority risk area.
- Support value-based reimbursement programs (i.e., Accountable Care Organization) by re-establishing an expert team for Risk Adjustment and Hierarchical Conditions Categories (HCC) coding.
- Intensive review and update of current Compliance policies and procedures, and further policy and procedure development as needed.
- ~~• Optimize MDAudit software by implementing ADR module and other functionality.~~
- Update and expand the compliance education programs with monthly workshops and departmental specific compliance lectures.
- Re-institute Clinical Compliance Quarterly Reports.
- Implement an Issues Tracking Database to log reports and inquiries related to compliance matter to trend concerns and resolutions; and use as a resource.

## Appendix B

### Clinical Compliance Oversight Committee Charter

The University and Weill Cornell Medicine are committed to providing world class patient care that is legally compliant. Accurate and legally correct billing are an important part of the medical care provided by the **Physician Organization (PO)**. The President of the University and the Provost for Medical Affairs (the “Dean”) have responsibility for implementing and managing the University’s billing compliance effort. To assist in this effort, the University has established the Weill Cornell Medicine Clinical Compliance Oversight Committee – Billing Compliance (“CCOC-BC” or “Committee”). The Committee meets regularly under the direction of the Chair, the Weill Cornell Medicine Associate Dean of Clinical Compliance. The Committee reports to the President through the Dean and makes recommendations to the President and Dean for all actions needed.

Purpose: The purpose of the Compliance Program is to create a culture of compliance that promotes prevention, detection, identification, and correction of conduct that does not comply with applicable laws and institutional policies.

1. The CCOC-BC shall oversee the *Professional Services Billing Compliance Plan* and related activities across the University. This includes reviewing applicable policies and procedures; compliance of individual departments and providers; Billing Compliance Office risk assessment and work plans; compliance violations, and corrective action plans.
2. The CCOC-BC shall be comprised of the following members:
  - Associate Dean of Clinical Compliance (Chair)
  - ~~Chief Audit Executive~~
  - Chief **Privacy and Clinical** Compliance Officer (**WCM**)
  - Provider members (7)
  - **Vice President & Chief Risk Officer**
  - **Chief Compliance and Privacy Officer (Cornell University)**
  - Associate Medical Director of Information Services
  - Senior Director, Central Business Office
  - Clinical Department Administrators (2)
  - **Associate Vice President**, Deputy General Counsel
  - Senior Associate General Counsel
  - ~~Weill Cornell Medicine-Internal~~ Audit Director
3. 75% attendance is required for all committee members. Less than 75% attendance may result in removal from the Committee. Exceptions may apply and will be considered at the discretion of the Chair.
4. CCOC-BC may invite guests to attend the meeting to present as a subject matter expert (SME) and/or to provide details/advice on a specific compliance issue.
5. CCOC-BC will review and keep current with applicable laws, regulations, and procedures relevant to the *Professional Services Billing Compliance Plan*.

6. CCOC-BC will review and approve the WCM *Professional Services Billing Compliance Plan* ~~and each department written plan~~ to ensure consideration of and adherence to current applicable laws and institutional policies and procedures.
7. CCOC-BC will receive an independent review of the *Professional Services Billing Compliance Plan* at least every five (5) years, under Counsel guidance.
8. Procedures for CCOC meetings:
  - a. The CCOC will meet at minimum, quarterly.
  - b. The Associate Dean, Clinical Compliance will chair the meetings.
  - c. The meeting agenda and prior meeting minutes will be distributed ~~one-week~~ **three days** in advance to the committee participants. Appropriate meeting materials should be distributed in advance to allow meeting participants an opportunity to review and comment and/or prepare for discussion.
  - d. Each CCOC-BC member will review the agenda prior to the meeting and will come to the meeting prepared to participate in the Committee meeting.
  - e. If a quorum of six or more members is not present (in person or via teleconference or videoconference), the chair may decide to either postpone the meeting or hold the meeting for informational purposes only (any actions requiring a vote will be tabled).
  - f. Attendance and minutes will be taken at each meeting.
    - i. CCOC-BC members are required to notify the Compliance Office if they will not be in attendance at a CCOC-BC meeting.
  - g. The CCOC-BC will review the status of open investigations, if appropriate, and the Chief Compliance Officer or Associate Dean of Clinical Compliance will present if existing policies were adequate to address.
  - h. Each Department ~~and Center~~ that engages in billing or professional services billing activity shall submit an annual billing compliance report/plan in the prescribed format.
  - i. At each meeting, the CCOC-BC will review and discuss the following, as appropriate:
    - i. Summary of any billing compliance related University Ethical Conduct & Compliance Hotline reports and their resolution
    - ii. Government payor inquiries or audit requests and current status
    - iii. Work plan status and any change recommendations
    - iv. New risk register additions and new compliance issues
    - v. Department summary **of annual compliance report presentations (September – January)**
    - vi. Physician Organization Business Office Updates, Trends, Risk, **Credit Balances**
    - vii. Billing Compliance Plan Risk Register
    - viii. Significant regulatory changes/updates
    - ix. EpicTogether Updates, Trends, Risk
  - j. Quarterly/semi-annually the CCOC-BC will review:
    - i. Billing Compliance Plan Dashboards
    - ii. Department Quarterly Compliance Reports Summary Trends
    - iii. Physician Organization Business Office Compliance Related Dashboards
    - iv. Billing Compliance Plan Risk Registry/Issues
    - v. Research Compliance Update, Trends, Risk
    - vi. Significant regulatory changes/updates

- k. Annually the CCOC-BC will review:
  - i. Annual Professional Services Billing Compliance risk assessment
  - ii. Risk Management Update
  - iii. Patient Safety and Quality Update
  - iv. General Counsel Office Update
  - v. Compliance Policies and Procedures updates/additions
  - vi. Compliance Program and audit work plan
  - vii. Education/training program and communications plan
  - viii. Committee membership
  - ix. A ~~an annual~~ quarterly research compliance update

## Appendix C

### Professional Services Billing Compliance Program – Policies & Procedures

<b>COMPLIANCE PROGRAM GUIDANCE</b>
1.01 Annual Compliance Program Plan
1.02 Antitrust Compliance Policy
1.03 Compliance Investigation and Resolution Process
1.04 Compliance Risk Assessment
1.05 Compliance with Self-Identified Overpayments
1.06 Compliance with False Claims Act
1.07 Department Compliance Report Requirements
1.08 Non-Intimidation and Non-Retaliation Policy
<b>AUDITING &amp; MONITORING</b>
2.01 Clinical Compliance Auditing and Monitoring
2.02 Clinical Compliance Audit Findings: Error Type Definitions and Scoring Methodology
2.03 Exclusion Screening of Federal and State Exclusion Lists
2.04 Government Inquiries: External Reviews & Second Level Appeals
<b>BILLING, CODING &amp; DOCUMENTATION</b>
3.01 Annual Code Updates
3.02 Billing Limitations for Services with Advanced Physician Practitioners
3.03 Clinical Documentation: Co-Surgery Cases
3.04 Clinical Documentation: Assistant Surgery Cases
3.05 Clinical Documentation: Overlapping Surgery Cases
3.06 Clinical Documentation: Surgery/Procedure Note Core Documentation Requirements
3.07 Clinical Documentation: Timely Completion of Medical Record Entries
3.08 Clinical Fellows Billing Policy
3.09 Electronic Medical Record Guidance
3.10 Telehealth Documentation Requirement
3.11 Medicare Opt Out Regulations and Billing Requirements

<b>RESERCH BILLING COMPLIANCE</b>
4.01 Research Billing Compliance Policy
4.02 Research Billing Compliance Handbook
<b>REPORTING</b>
Annual Risk Assessment and Work Plans
Annual Billing Compliance Updates: <ul style="list-style-type: none"> <li>• Board of Fellows, Clinical Affairs</li> <li>• General Faculty Council (GFC)</li> <li>• Executive Faculty Council (EFC)</li> <li>• Audit, Risk, and Compliance Committee (ARCC) – Board of Trustees (also Quarterly)</li> </ul>
Compliance Audit Results (Provider)
Compliance Audit Reports (Department – Clinical Compliance)
Compliance Audit Reports (Department – Research Billing Compliance)
Department Annual and Quarterly Reports – Clinical Compliance and Research Billing Compliance
Monthly Compliance Metrics
Memorandum on Probe Review
Memorandum on Non-Coding Review
Memorandum on Research Billing Compliance Review of Coverage Analysis
<b>EDUCATION</b>
Monthly General Compliance and Physician at Teaching Hospital (PATH) Lecture
Bi-Monthly Leaders & Liaisons Meeting
Compliance Online Training (Healthstream)
Responsible Documentation in the Electronic Medical Record