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| Policies of the University of North Texas Health Science Center | Chapter 14 – UNT Health |
| 14.516 Routine Audits of Health Care Claims | |

Policy Statement

Routine auditing of health care claims submitted to federal and state payers is performed to identify potential risk areas, to improve documentation and coding of professional services by UNT Health providers, and to refund improperly paid claims.

Application of Policy UNT Health Office of Regulatory Compliance

Definitions

1. Health Care Claim: means a claim submitted to a federal payer (Medicare, Medicare Advantage, CHAMPUS) or state payer (Medicaid) for reimbursement of professional services.
2. Retrospective Review: means reviewing health care claims which have been paid by insurers.
3. Centers for Medicare and Medicaid Services (CMS): is a federal agency within Department of Health and Human Services (DHHS) that administers Medicare and other federal/state programs.

Procedures and Responsibilities

1. Retrospective Reviews of Health Care Claims will be performed on all UNT Health clinical departments.

Responsible Party: UNT Health Office of Regulatory Compliance

2. All Retrospective Reviews of UNT Health’s clinical departments are assigned on a calendar quarter and are reviewed twice a year per department.

Responsible Party: UNT Health Office of Regulatory Compliance

3. Ten (10) claims per provider are reviewed. Claims selection is based upon the government’s identified risk areas, services specific to a clinical department, frequency of a particular service billed and previously identified risk areas. The types of services reviewed are inpatient and outpatient services and procedures, as well as services with resident involvement.

Responsible Party: UNT Health Office of Regulatory Compliance

4. Documentation review of selected health care services, based on the Health Care Claim, will be assessed against CMS Medicare Documentation Guidelines (1995 or 1997 versions) as well as CMS Teaching Physician guidelines (if applicable).

Responsible Party: UNT Health Office of Regulatory Compliance

5. Operational processes will be assessed to identify any potential risk areas. Review of operational processes may include, but are not limited to, processes for Advanced Beneficiary Notice and Notice of Privacy Practices.

Responsible Party: UNT Health Office of Regulatory Compliance

6. Each provider will receive a report of findings from the Retrospective Review and may be assigned Compliance learning modules based on:
 - a. Not meeting Compliance Threshold score of 95% or better; and
 - b. Type of documentation deficiency (E&M Documentation Guidelines or Teaching Physician Regulations)

Responsible Party: UNT Health Office of Regulatory Compliance

7. Providers assigned a Compliance learning module will have ten (10) days to complete it. If not completed within the assigned timeframe, the Chief Medical Officer is notified and further disciplinary action may be warranted. Please refer to Compliance Training Policy 14.240.

Responsible Party: UNT Health Providers and UNT Health Chief Medical Officer

8. Each department will receive a department report of key findings from the Retrospective Review. The department will be responsible for completing a corrective action plan addressing the key and operational findings. The corrective action plan is distributed at the department meeting and is due within 10 days of receipt of the findings. Failure to complete the corrective action plan will be reported to the UNT Health Board of Directors.

Responsible Party: UNT Health Clinical Departments

9. Any Health Care Claim identified by a Retrospective Review as requiring a refund will be identified and entered into a refund log which will be sent to Patient Financial Services for processing. Please refer to Compliance Audit Refund Policy 14.515.

Responsible Party: UNT Health Office of Regulatory Compliance

References and Cross-references

14.240: Compliance Training

14.515: Compliance Audit Refund Policy

Forms and Tools (optional)

Approved: August 30, 2012

Effective: August 30, 2012

Revised: