HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: Billing Complaince **Effective Date: 04/01/09**
Policy Number: 157 **Med Staff:**
Regulation: **Admin:**

I. POLICY

HCGH, its employees, and its contractors are committed to billing in accordance with the laws, rules, regulations, and policies set by the federal and state governments, insurance programs and Medicare carriers, fiscal intermediaries, and Hospital policies. HCGH, its employees, and contractors shall not intentionally make or submit any false or misleading entries on any bills or claim forms, and no employee or contractor shall engage in any arrangement, whether on his/her own accord or at the direction of another employee (including any member of the employees' direct line of supervision) that results in such prohibited acts.

It is HCGH's policy and commitment that all billings for patient services and other transactions must be properly documented and processed. All employees and contractors are responsible for preventing, detecting, and correcting actual or potential fraudulent, wasteful, or abusive wrongdoings whether the wrongdoing is carried out willfully and knowingly or whether it is done inadvertently or accidentally. All employees and contractors are responsible for promptly reporting actual or potential billing or payment errors to their supervisor, the Business Office Manager or the HCGH Compliance Officer. Employees who in "good faith" report acts or suspected acts of fraud, abuse, waste, violations of the Standard of Conduct, other wrongdoing, or misconduct under the protection of the federal False Claims Act and Hospital policy, may not be fired, harassed, coerced to resign, or otherwise retaliated against for reporting. Retaliation against any employee will not be tolerated by the Hospital.

HCGH's commitment to accurate and ethical billing is reflected in the Compliance Plan and the Standard of Conduct.

The policy establishes the Hospital's expectations in which departments understand their accountability for monitoring and ensuring their charging and billing process is performed accurately and in compliance with all applicable laws and regulations; and employees and contractors of HCGH understand their role in ensuring accurate billing both by charging accurately and by reporting instances of actual or potential erroneous billing. HCGH is committed to full compliance with the Federal False Claims Act. This policy will provide all employees and contractors with detailed information regarding this federal act.

II. DEFINITIONS

HCGH	Hardin County General Hospital
FCA	Federal False Claim Act

III. RESPONSIBILITY

It is the responsibility of all HCGH employees and contractors to be compliant in regards this billing policy.

IV. EQUIPMENT

V. PROCEDURES
INFECTION CONTROL: N/A

HCGH is committed to: preventing and avoiding incorrect billing; monitoring/auditing billing in order to detect problems; correcting problems; refunding incorrectly paid amounts; and, reporting errors when appropriate.

A. Hospital departments must ensure the submission of charges accurately represent the care, services and supplies provided to patients.

1. Charges must be submitted only for medically necessary services and supplies in conjunction with a patient's services per doctor's order and with proper diagnosis.
2. Charges must be submitted only for medically necessary services and supplies in conjunction with a patient's services per doctor's order and with proper diagnosis.
3. Departments must develop department-specific procedures to ensure that their charge processes work correctly and that errors or problems are promptly identified. Periodically the department to monitor activities must conduct audits.
4. Charges, corrections and credits must be submitted timely to the Business Office for processing.
5. Charge requiring CPT/HCPCS codes must be coded in accordance with government guidelines and periodically reviewed to ensure appropriate use of coding.

B. The Business Office must ensure that claims are correctly prepared and submitted in accordance with regulations, Hospital, and departmental policy. The Business Office must have procedures that:

- Avoid and prevent erroneous of fraudulent billing.
- Monitor/audit billing activities to detect any deliberate or accidental occurrences of incorrect billing.
- Monitor CMS publications to stay current with CMS billing guidelines.
- Correct erroneous or fraudulent billing.
- Prompt report and repay payments received for erroneous or fraudulent billing.

C. All Business Office employees are responsible for processing claims in accordance to laws, rules, regulations and policies set by federal and state government, insurance programs and Medicare Fiscal Intermediaries and carriers. Staff must report any observations of suspected inaccurate, incomplete, fraudulent, or false billing practices (including self-disclosure) to their manager/supervisor.

D. Business Office Manager will periodically audit for inappropriate, inaccurate, fraudulent or false billing practices. Any questionable or suspicious findings will be referred to the HCGH Compliance Officer. If inaccuracies are discovered during this audit, immediate feedback will be provided to the appropriate employee and additional training, disciplinary actions (if required) and correction will occur.

E. Business Office Manager will notify the HCGH Compliance Officer of any possible noncompliant situation that could occur that would possibly result in inappropriate receipt of governmental funds, or any noncompliant situation that did occur that resulted in inappropriate receipt of governmental funds. Appropriate notifications and refund will be initiated as soon as possible to the appropriate government agency.

F. The HCGH Compliance Officer will engage in specific compliance efforts to detect and prevent fraud, waste and abuse.

1. All matters referred to the Compliance Officer will be reviewed to determine if any corrective actions are necessary.
2. Results of billing compliance audits performed will be shared with the appropriate hospital personnel in order to educate employees and identify corrective actions needed.
3. The email address: ethicalconcerns@ilhcgh.org is maintained as means for employees to anonymously report actual or potential billing or payment wrongdoings.

G. All HCGH employees are responsible for participating in ensuring the accuracy of the billing process.

1. Any job specific billing accountabilities must be performed accurately.
2. Billing concerns and mistakes must be reported promptly to the employee's supervisor, Business Office Manager, or Compliance Officer.
3. Additional employee expectation can be found in the HCGH Standard of Conduct and Code of Ethics.

VI. DOCUMENTATION

FEDERAL FALSE CLAIMS ACT

The FCA, first enacted in the wake of the Civil War profiteering, imposes civil liability on organizations and individuals that make false claims to the government for payment. The FCA authorizes federal prosecutors to file a civil action against any person or entity that knowingly files a false claim with a federal health care program, including Medicare or Medicaid programs. The FCA applies to providers, beneficiaries, and health plans doing business with the federal government, billing companies, contractors, and other persons or entities connected with the submission of claims to the government. The FCA is set forth in title 31 of the United States Code, beginning with section 3729.

The government can use the FCA against both organizations and individual employees who commit billing fraud. It applies to any person who does the following:

1. Knowingly presents or causes to be presented, a false or fraudulent claim for payment or approval to an officer or employee of the United States government.
2. Knowingly makes, uses or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the government.
3. Conspires to defraud the government by getting a false or fraudulent claim allowed or paid; or
4. Knowingly makes uses or causes to be made or used, a false record or statement or to conceal, avoid, or decrease an obligation to pay or transmit property to the government.

Anyone who violates the FCA is liable for civil penalty of not less than $5,500 and not more than $11,000 per claim, plus three times the amount of the damages the government sustains. The government may also exclude violators from participating in Medicare, Medicaid and other government programs, Intentional submission of a false claim is subject to federal criminal enforcement and violators may also be liable to the United States government for the costs of civil action brought to recover any penalties or damages. The government relies heavily on the federal and state FCA to prosecute billing fraud. The FCA authorizes what is known as qui tam actions and awards to qui tam plaintiffs. The FCA qui tam provisions permit private persons to: (1) sue, on behalf of the government, persons or entities who knowingly have presented the government with false or fraudulent claims; and (2) share in any proceeds ultimately recovered as a result of the suit.

The FCA includes provisions to discourage employers from retaliating against employees for initiating qui tam lawsuits. Any employee who is terminated, demoted, suspended or in any way discriminated against because of acts in support of an action under the FCA has a right to sue the employer for reinstatement, back pay and other damages.

The FCA includes a provision that reduces the penalties for providers who promptly self-disclose a suspected FCA violation. The Office Inspector General self-disclosure protocol allow providers to conduct their own investigations, take appropriate corrective measures, calculate damages, and submit the findings that involve more serious problems than just simple errors to the agency.