

**Report on Compliance for the
University of Illinois Hospital and Health Sciences System (UI Health)**

Organization:

The UI Health Compliance Operations Committee continues to meet monthly. The membership includes directors of key Hospital processes as well as representatives from each of the Health Science Colleges and the Regions. The University Departments of Audit and Legal Affairs are also included. This year, we were joined by a representative of the University's Office of Ethics and Compliance to enhance communication and collaboration between the two units. Agendas deal with reviews of current issues, current investigations, and further development of the compliance effort and organization. Confidentiality is ensured in these committee meetings.

Our **Prime Directive** remains that of driving the elements of compliance into the line organization. These were firmly established by the Federal Government in the Federal Sentencing Guidelines of 1999 and updated since. The Office of the Chief Compliance Officer has three employees: 1) The director, 2) one individual focused on education and policy, and 3) one CPA focused on developing audit templates and evaluation of processes to identify key control points and assist units in developing metrics and driving those metrics into their regular processes. All participate in investigations as needed.

This year, the UIC campus approved a Policy on Policies. An effort led by the Provost's Office is in the process of implementing the standardization and centralization of vice chancellor level policies across the organization. This is a key step in the development of compliance programs. The UI Health Compliance Committee is assisting with the development of policy to apply across the new organization of the Vice Chancellor for Health Affairs as approved by the Board of Trustees. To develop policy and procedures that reflect the needs established by new regulations, we are developing a self-assessment tool to facilitate incorporation of metrics into routine procedures and enhancing the management accountabilities that accompany such procedures.

Selected Program Progress:

The System HIPAA compliance procedures have been and continue to be enhanced. New policy components have been integrated with the already existing program in the Medical Center to assure consistency in the areas of education, investigation of breaches, and reporting to appropriate authorities.

Over the years Chart Documentation has become critical for billing purposes and the requirements are often re-set by authorities outside the practice community. Therefore, educating hospital staff and providers to rule changes remains an important part of our processes. Monitoring such practices has become critical to assure the organization's leadership that proper protocols are being employed. For instance, chart coders have become more prominent on the professional side to translate the provider's documentation into appropriately coded charges to be submitted as bills to the third party payers. This is made

complex by the lack of consistency of those rules from insurer to insurer, so greater effort is made to meet the State and Federal regulations. The College of Medicine audits each provider on a yearly basis for correctness, and UI Health is establishing standards for measuring the accuracy of coders in the ambulatory setting. A well-established program currently exists for reviewing the work of the inpatient coders.

There are a number of general issues that continue to receive attention leading to improvement within the programs:

1. Under the terms of contracts with Medicare Advantage Programs, a list of providers excluded from the Medicare Program must be reviewed monthly, and any Hospital, Clinic or College staff identified must be terminated if they are in the care setting. Responsibility for the review process is shifting from UIC Human Resources and UI Health Compliance to the Medical Center's Human Resource Department to assure more complete control during the onboarding process.
2. The complexity of clinical research billing continues to present challenges, and UI Health has devoted increased resources to address this issue.
3. Education aimed at newly hired staff includes the necessary general regulatory requirements, but programs aimed at job specific education can be insufficient. This is being dealt with by focusing on the development of training manuals for key regulatory-based programs which currently lack such processes. This education should help standardize such processes and help ensure more effective compliance efforts throughout the health system.

Federal and State Reporting:

Two State audits reported previously to the Board continued to receive attention. One involving documentation in Pharmacy, Psychiatry and the Emergency Department was resolved satisfactorily with the State. A second involving provider documentation at Mile Square Health Center is nearing completion and we anticipate resolution within the next month.

Two investigations with State and Federal implications were conducted this year. One involved an OEIG inquiry concerning an employee who had not been billed for care received in a clinic. The second involved lack of proper documentation standards for a limited number of billed cases. Both are nearing resolution.

In conclusion, enhancements to our compliance efforts continue to be developed within the organization. Greater attention from the top of the organization has created a better understanding of the importance of these programs and the need to develop effective processes to meet emerging standards in a very complex field.

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