The University of Texas Health Science Center at Houston
Institutional Healthcare Billing Compliance Plan
OCTOBER 19, 2009

I. Preamble

The University of Texas Health Science Center at Houston (UTHSC-H) is committed to ensuring that its affairs are conducted in accordance with applicable laws and regulations. As part of this commitment, UTHSC-H has developed an Institutional Healthcare Billing Compliance Plan (Plan), which refers to the formal, ongoing methodology by which UTHSC-H seeks to ensure that appropriate individuals within the organization understand and follow all applicable legal requirements relating to professional fee reimbursement for healthcare services. This Plan has been reviewed and approved by the Executive Compliance Committee on February 20, 2007 and subsequently on October 19, 2009 and supersedes any previously drafted or published UTHSC-H Institutional Healthcare Billing Compliance Plans.

II. General Policy

The provisions of this Plan apply to all UTHSC-H faculty, residents, fellows, and to all other persons and organizations who are involved in billing for UTHSC-H professional services. All claims for professional fee reimbursement made by or on behalf of UTHSC-H shall adhere to applicable federal and state laws and regulations, The University of Texas System Board of Regents' *Rules and Regulations*, and UTHSC-H policies.

The General Standards of Conduct policy for the UTHSC-H are contained in UTHSC-H Handbook of Operating Procedures (HOOP) **2.01** and are incorporated in this Plan as if fully stated herein. The UTHSC-H expects that all its faculty, staff, and students will follow the highest standards of personal conduct as established by federal, state and local laws. As a condition of employment with the university, all faculty and staff are required to acknowledge receipt of a copy of the General Standards of Conduct policy, a list of contacts/responsible areas for various compliance issues, and the web site references for the **Standards of Conduct Guide.** In addition, UTHSC-H employees acknowledge their responsibilities to review the policy and to perform their work in an ethical and legal manner as described.

III. Billing Compliance Organizational Structure

Executive Compliance Committee: The Executive Compliance Committee (ECC) is responsible for approving this Plan and any subsequent revisions, as well as for providing advice and guidance to the President and the Chief Compliance Officer on the design and operation of the Institutional Compliance Program, including matters related to billing compliance. The ECC also receives reports reflecting other activities conducted pursuant to this Plan, including reports regarding the status of the mandatory education and training requirements outlined below.

Institutional Healthcare Billing Compliance: Institutional Healthcare Billing Compliance is charged with coordinating and implementing this Plan. These responsibilities reside specifically with the Chief Compliance Officer and the Manager of Healthcare Billing Compliance.

> Chief Compliance Officer: The Chief Compliance Officer, who is a senior administrator reporting to the President, is responsible for:

a. Ensuring reporting on a regular basis to the ECC, and other UTHSC-H committees as needed, on the progress of implementation of the Plan;
b. Coordinating investigations in response to allegations of conduct inconsistent with billing policies or requirements,
c. Communicating instances of non-compliance to the appropriate administrative officers, including the ECC, for guidance on corrective, restorative, and/or disciplinary action;
d. Ensuring policies related to billing for professional services are sufficient and appropriate to achieve compliant behavior.
e. Overseeing a risk-based process that builds healthcare billing compliance consciousness into daily business processes;
f. Ensuring the completion of monitoring the effectiveness of those processes;
g. Overseeing, reviewing and approving healthcare billing compliance training
h. Reviewing, revising and publishing appropriate policies to guide billing for professional services provided by UTHSC-H healthcare providers and providing assistance to UTHSC-H Schools for the development of school-specific or departmental-specific Healthcare Billing Compliance Plans. This includes ensuring that policies address the degrees of disciplinary actions that may be imposed upon faculty, staff and other health care professionals for failing to comply with UTHSC-H's policies and applicable statutes and regulations;
i. Serving as an ex-officio member on the respective School's Billing Compliance Committee.

Manager of Healthcare Billing Compliance: The Manager of Healthcare Billing Compliance (the Manager) is responsible for implementing and managing this Plan and the operations of the Institutional Healthcare Billing Compliance program under the direction of the Chief Compliance Officer. The Manager will, with the assistance of staff, perform or supervise the performance of the following activities:

a. Developing, managing and reporting on an Institutional Healthcare Billing Compliance Risk Assessment, as well as completing and implementing an annual Institutional Healthcare Billing Compliance Work Plan. The Risk Assessment and Work Plan shall each reflect relevant initiatives contained in the U.S. Department of Health and Human Services Office of Inspector General (OIG) Work Plan, Special Fraud Alerts and other applicable law enforcement initiatives;
b. Assisting in the review, revision, and formulation of appropriate policies to guide billing for professional services provided by all UTHSC-H healthcare providers and providing assistance to UTHSC-H Schools for the development of school-specific or departmental-specific Healthcare Billing Compliance Plans;
c. Developing and delivering, and ensuring documentation of, common healthcare billing educational and training programs, as well as reviewing and approving specialty-specific training programs developed by the UTHSC-H Schools;
d. Reporting to the Chief Compliance Officer on the progress of implementation of the Plan;
e. Ensuring open lines of communication are maintained between the Institutional Healthcare Billing Compliance and all UTHSC-H schools, departments and divisions;
f. Coordinating Institution-wide monitoring of healthcare billing, including review of UTHSC-H's compliance with specific rules and policies that have been the focus of particular attention on the

part of the Medicare fiscal intermediaries or carriers, and law enforcement, as evidenced by OIG Special Fraud Alerts, OIG audits and evaluations and law enforcement's initiatives; and

g. Providing assistance to the Chief Compliance Officer in responding to reports of suspected non-compliance, including records maintenance, conducting or coordinating investigations, and making recommendations for corrective action plans, when required.

UTHSC-H School Billing Compliance Responsibilities: The responsibilities of each UTHSC-H school which participates in billing for UTHSC-H professional or technical services are as outlined below. The billing compliance efforts of each respective UTHSC-H school, including designation of a School Billing Compliance Officer and implementation of a School Billing Compliance Plan, shall be determined by the Chief Compliance Officer and approved by the ECC.

School Billing Compliance Officer: The Dean of each UTHSC-H school which participates in billing for UTHSC-H professional services or technical services shall appoint a School Billing Compliance Officer to coordinate and ensure the implementation of billing compliance efforts at the respective School. Responsibilities of the School Billing Compliance Officer include but are not limited to:

a. Ensuring the implementation of a School Billing Compliance Plan, the requirements elements of which are outlined herein;
b. Determining, in cooperation with the respective Dean, the need for Departmental Billing Compliance Plans within the School, and if determined necessary, ensuring the promulgation of guiding principles with minimum standards for the Departmental Billing Compliance Plans, the required elements of which are outlined herein;
c. When applicable, ensuring that each School department develops and adheres to a Departmental Billing Compliance Plan;
d. Cooperating with the Chief Compliance Officer in responding to reports of suspected non-compliance, including assisting with investigations and ensuring the implementation of recommended corrective action plans, when required;
e. Serving as Chair of the School Billing Compliance Committee;
f. Ensuring that all physicians (including faculty, residents, fellows, and interns) and other health professionals (e.g., nurse practitioners, physician assistants, etc.) who bill for their services, as well as for all billing and coding personnel, complete the mandatory education and training requirements outlined herein; and
g. Reporting findings from periodic monitoring of School departments' healthcare billing to the Chief Compliance Officer, the School's Billing Compliance Committee and the ECC.

School Billing Compliance Plan: Each School Billing Compliance Officer shall ensure the implementation of a School Billing Compliance Plan. Before becoming effective, each School Billing Compliance Plan should be reviewed and approved by Dean and the ECC to ensure consistency with overall policies. The minimum required elements of the School Billing Compliance Plan are as follows:

a. The development and distribution of written billing compliance policies and procedures that focus on specific areas of risk to the School or its departments, including a reference to the **UTHSC-H**

Standards of Conduct (HOOP 2.01) and a requirement that these policies require the review and approval of Institutional Healthcare Billing Compliance prior to implementation;

b. A description of the role and function of the School Billing Compliance Officer, and other billing compliance personnel, as well as a designation of a School Billing Compliance Committee operated to advise and receive reports from the School Billing Compliance Officer;
c. The educational and training programs required for School faculty, residents, fellows, and all other persons and organizations who are involved in billing for the School's professional services which address specialty-specific billing issues, including a process for ensuring and documenting that all new affected personnel receive training with regard to proper billing;
d. A process which describes how open lines of communication are maintained between Institutional Compliance and the School through the distribution of materials that describe how to access the Chief Compliance Officer, the Institutional Compliance hotline, and other available mechanisms for making inquiries or reports of suspected misconduct;
e. The development and distribution of a School billing compliance policy which sets forth the degrees of disciplinary actions that may be imposed upon faculty, staff and other health care professionals for failing to comply with UTHSC-H's policies and applicable statutes and regulations;
f. A statement requiring the completion of an annual School Billing Compliance Risk Assessment at the direction of the School Billing Compliance Officer.
g. A statement requiring monitoring of healthcare billing. If Departmental Billing Compliance Plans are utilized, this monitoring shall be conducted at the department level. If Departmental Billing Compliance Plans are <u>not</u> utilized, this monitoring shall be conducted at the School level.
h. A statement requiring the development of an annual Monitoring Work Plan(s). The Monitoring Work Plan shall specify goals for the monitoring, strategies to meet the goals and timelines for completion of the goals. If Departmental Billing Compliance Plans are utilized, a Monitoring Work Plan shall be developed by each Departmental Billing Compliance Officer and approved by the School Billing Compliance Officer. If Departmental Billing Compliance Plans are <u>not</u> utilized, a Monitoring Work Plan shall be developed by the School Billing Compliance Officer.
i. A statement that the results of all healthcare billing monitoring shall be reported to the School Billing Compliance Committee, the Chief Compliance Officer and the ECC;
j. A statement that the School will cooperate with the Chief Compliance Officer in responding to reports of suspected non-compliance, including assisting with investigations and the implementation of corrective action plans, when required; and
k. A process for the annual review of the existing School Billing Compliance Plan in order to identify the need for changes and to identify specific compliance objectives during the succeeding year. Any School revising its Billing Compliance Plan will forward a copy for review and approval by the Chief Compliance Officer.

<u>Departmental Billing Compliance Plan:</u> When determined necessary by the School Dean and School Billing Compliance Officer, each School department Chair shall be responsible for developing and ensuring the implementation of a Departmental Billing Compliance Plan to describe the department's role in the UTHSC-H billing compliance efforts. Before becoming effective, such plans should be reviewed and approved by the School Billing Compliance Officer and School Billing Compliance Committee to ensure

consistency with overall policies. Departmental Billing Compliance Plans shall, at a minimum, include the following required elements:

a. A statement that the Department Chair ("Chair") shall have the responsibility for ensuring that the goals of billing compliance are met in his/her department;
b. Written policies and procedures for billing activities undertaken by departmental personnel;
c. A process for ensuring and documenting that all department personnel involved in the billing process, including faculty, interns, residents, and fellows, receive training with regard to specialty-specific billing issues;
d. The designation of departmental compliance personnel, including the designation by the department Chair of a Departmental Billing Compliance Officer (DBCO). The Departmental Billing Compliance Plan should state that the DBCO is responsible for coordinating the departmental compliance activities with the School Billing Compliance Officer and the Chief Compliance Officer, including monitoring activities and billing compliance education for department faculty and staff. The department Chair may also designate a Departmental Billing Compliance Committee to provide advice and guidance to the Chair and the DBCO on the implementation of the Departmental Billing Compliance Plan including receiving reports regarding the status of the mandatory education and training requirements outlined below;
e. A process for monitoring the department's healthcare billing including the completion of an annual department Monitoring Work Plan, based on the School's Risk Assessment, which specifies goals for the monitoring, strategies to meet the goals and timelines for completion of the goals. The Monitoring Work Plan shall be developed by the Departmental Billing Compliance Officer. The results of such monitoring is reported to the School Billing Compliance Committee, the Chief Compliance Officer and the ECC; and
f. A process for the annual review of the existing Departmental Billing Compliance Plan in order to identify the need for changes and to identify specific compliance objectives during the succeeding year.

IV. Education and Training

Institutional Healthcare Billing Compliance and the School Billing Compliance Officer shall be responsible for ensuring that UTHSC-H policies concerning billing compliance are disseminated and understood. To accomplish this objective, Institutional Healthcare Billing Compliance will work with the respective Dean and School Billing Compliance Officer to ensure there are appropriate and ongoing compliance training programs that enhance and maintain awareness of billing compliance policies among existing staff, and that introduce new personnel to billing compliance policies. Institutional Healthcare Billing Compliance will be responsible for reviewing and approving school/department billing compliance training before publication or initiation of the training.

It is the responsibility of the respective School Billing Compliance Officer to ensure that all physicians (including faculty, residents, fellows, and interns) and other health professionals (e.g., nurse practitioners, physician assistants, etc.) who bill for their services, as well as for all billing and coding personnel, complete the mandatory education and training requirements outlined below. Each School, or department if instructed by the School Billing Compliance Officer, shall develop a system to document that the billing compliance training has

occurred. Institutional Healthcare Billing Compliance will monitor the clinical departments/Schools' billing compliance education activities. A department may also make inquiries and receive appropriate verbal and/or written response from Institutional Healthcare Billing Compliance for clarification and additional information regarding documentation, coding and/or billing compliance-related regulations and rules.

The following education requirements shall be met:

a. Each **new** physician, health care and billing professional shall receive at least two hours of initial training regarding billing compliance and UTHSC-H coding and documentation policies and procedures. This initial training must be completed before a physician or other appropriate health care professional may begin billing. This training shall include instructions on how potential billing compliance issues may be reported.

b. Annually, **existing** staff physicians, other health care professionals and clerical employees involved in preparing or submitting requests for reimbursement to the federal health care programs must attend a minimum of one hour of billing compliance, coding or documentation training. This training must address: (i) the submission of accurate bills for services rendered to patients of the federal health care programs; (ii) the personal obligation of each individual to make reasonable efforts to ensure that the information provided by the individual (either orally or in writing) relating to the care or the services rendered to the patients of the federal health care programs, or otherwise provided in support of a submission for reimbursement to these programs, is accurate; (iii) applicable federal health care reimbursement rules and statues; (iv) the legal sanctions for the submission of false or inaccurate information including, but not limited to, improper billing; and (v) instructions on how potential billing compliance issues may be reported. Examples of acceptable billing compliance education may include, but are not limited to:
    - Attendance at Medicare or Medicaid workshops on billing compliance, coding and documentation issues;
    - Annual review and discussion of the OIG Work Plan; and
    - Viewing compliance or coding/documentation-related videos, reviewing audiotapes or completing computer-based training pre-approved by Institutional Healthcare Billing Compliance.

c. All charge capture and coding staff, including Billing Integrity Program staff but excluding staff whose duties are solely data entry, are required to complete a minimum of fifteen (15) hours of approved billing compliance education annually. Examples of approved billing compliance education may include, but are not limited to:
    - Participation in the monthly American Academy of Professional Coders (AAPC) local chapter meetings;
    - Participation in other billing compliance and/or coding seminars or workshops in which the agenda or course outline is pre-approved by the respective School Billing Compliance Officer;
    - Participation in billing compliance, coding or documentation audio conferences that are sponsored or approved by the respective School Billing Compliance Office; and

- Participation in courses sponsored or conducted by the respective School Billing Compliance Office.

V. Monitoring

Medical records and corresponding bills for all governmental payors will be reviewed for each clinical department of UTHSC-H for compliance with billing policies and with regulatory/legal requirements. The frequency of the monitoring will be at least quarterly for all departments within the UTHSC-H Medical School and as determined for all other UTHSC-H schools or departments.

Monitoring Procedures:

Department Senior Coding Compliance Specialists (SCCS), or a comparable reviewer designated by the Chief Compliance Officer, shall conduct reviews of each provider's medical and billing records for selected cases designated by MD Audit, or similar monitoring methodology, from the prior three month period. These reviews are conducted retrospectively.

A minimum of ten (10) records will be reviewed annually per provider; however, additional records may be reviewed at the discretion of the School Billing Compliance Officer or the Chief Compliance Officer.

The monitoring will examine the records for compliance with the applicable standards of coding/documentations practice; specifically, compliance with billing-related statutes, regulations and guidelines.

The monitoring will review records and compare the charges found in those records with the documentation entered into the medical record. Each provider will be reviewed and graded according to a point system.

If the provider receives a "Pass" score, no additional immediate action is required and the provider is monitored on an Annual Audit Schedule.

If the provider receives a "Non-Compliance/Fail" score, corrective action will be initiated as outlined below in the Guidelines for Corrective Action.

Institutional Healthcare Billing Compliance will conduct a periodic Quality Assurance review of monitoring conducted by Department Senior Coding Compliance Specialists to verify the results.

<u>Guidelines for Corrective Action</u>: The following guidelines constitute the minimum action which shall be taken in response to a "Non-Compliance/Fail" score; a corrective action plan shall include these elements and whatever additional elements are appropriate action under the circumstances.

First Report of "Non-Compliance/Fail":

a. Immediate remedial education by the Department Senior Coding Compliance Specialist and documentation of education within "Follow-up Actions" section of MD Audit; and

b. Four to six weeks after the remedial education is completed, a Special Re-audit is created for the departmental SCCS by Institutional Healthcare Billing Compliance. The SCCS conducts the Special Re-audit and the scoring system applied.

c. If the provider receives a "Pass" score, no additional immediate action is required and the provider is monitored on a Semi-Annual Audit Schedule.

d. If the provider receives a "Non-Compliance/Fail" score corrective action will be initiated as outlined below.

Second Report of Noncompliance/Fail:

a. The Department SCCS conducts prospective review of the provider's medical records and billing records for a period of time until which the Department SCCS determines the provider is in compliance with the applicable standards of coding/documentations practice; specifically, compliance with billing-related statutes, regulations and guidelines.

b. The department Chair, Director of Management Operations and School Billing Compliance Officer are informed of Second Report of Noncompliance. The Chief Compliance Officer and School Billing Compliance Officer communicate with the provider as needed to ensure that the provider understands the specific issues and to receive assurance from the provider that efforts will be made to reduce the likelihood of future non-compliance.

c. Within four to six weeks of the Department SCCS's determination that the provider should be removed from prospective review, a Special Re-audit is created for the departmental SCCS by Institutional Healthcare Billing Compliance. The SCCS conducts the Special Re-audit and the scoring system applied.

d. If the If the provider receives a "Pass" score, as defined above, no additional immediate action is required and the provider is monitored on the next quarter's audit schedule.

e. If the provider receives a "Non-Compliance/Fail" score, defined as above, corrective action will be initiated as outlined below.

Third Report of Noncompliance:

a. Upon completion of the Second Report of Noncompliance, if the provider receives a "Non-Compliance/Fail" score, the provider, the School Billing Compliance Officer, the ECC and Department Chair will be notified.

b. In circumstances where the third report of noncompliance does not rise to intentional, willful, or reckless disregard for the Plan requirements, the provider and Department Chair shall propose a corrective action plan, consistent with the Disciplinary Guidelines below, to the School Billing Compliance Officer and the Chief Compliance Officer, that assures compliance with the applicable standards of coding/documentations practice; specifically, compliance with billing-related statutes, regulations and guidelines.

c. If upon the ECC's conclusion, the third report of noncompliance is the result of a provider's intentional, willful, or reckless disregard for the Plan requirements, including but not limited to, evidence of repeated failure to attend in-services and to heed the recommendations of the School Billing Compliance Officer or SCCS with respect to billing, or where the evidence supports a finding that there is a pattern of disregard for the Plan requirements, then disciplinary actions shall be initiated, consistent with the Disciplinary Guidelines below.

d. This proposed corrective action plan should be reviewed by the School Billing Compliance Officer and the Chief Compliance Officer and, if preliminarily approved, provided to the ECC for final approval. This may include the department of provider hiring a medical records abstractor as a term of continued employment as a provider; modification of billing practices; requirement of additional billing training; and disciplinary action, up to and including termination.

e. Other action may be implemented as determined by the Chief Compliance Officer and School Billing Compliance Officer, consistent with this Plan.

f. Until a Third Non-compliance Report corrective action plan is submitted and approved, a notice shall be sent to the provider's Department Chair requiring that none of the provider's charges be billed until further notice.

Action on Noncompliant Claims*:*

In consultation with legal counsel, when a provider receives a Second Report of Non-Compliance/Fail, Institutional Healthcare Billing Compliance shall initiate a review to determine the Net Monetary Error Rate for the retrospective reviews and any subsequent Special Re-Audit(s). The net monetary error rate is based upon paid claims for encounters erroneously billed or misbilled.

If the review determines that the Net Monetary Error Rate is less than 5% for the Retrospective Review, then specific encounters erroneously billed or misbilled are refunded. This does not imply that this is an acceptable error rate.

If the review determines that the Net Monetary Error Rate is more than 5% for the Retrospective Review and the Special Re-Audit, Institutional Healthcare Billing Compliance shall determine, in conjunction with legal counsel, amounts needed to be refunded. Refund methods include extrapolation based on sampling or review of all charges within the period defined as non-compliant. The non-compliant period is defined as through the time of education or when the provider is placed on 100% prospective review depending on the net monetary error rate.

The Chief Compliance Officer, with input from the ECC, may, when appropriate, request more frequent reviews, an audit by UTHSC-H Audit & Advisory Services, or by an external firm. Audits conducted by external firms require approval through established university channels. The results of any review or audits will be reported to the Chief Compliance Officer, the School Billing Compliance Officer, the appropriate Chair, and the Departmental Billing Compliance Officer, if any.

VI. Lines of Communication

Pursuant to **HOOP 2.01**, UTHSC-H faculty members and employees are required to report any activity that they believe to be inconsistent with UTHSC-H policies or legal requirements. Faculty members and employees who report in good faith possible compliance issues shall not be subjected to retaliation or harassment as a result of the report. The UTHSC-H maintains several reporting paths for a person to report suspected misconduct or non-compliance activities.

a. A person may make a report through the normal administrative channels (i.e., reporting to the appropriate supervisor).
b. A person may make a report through the Compliance Hotline (1-888-472-9868).
c. A person may make a report to the Chief Compliance Officer, or other staff member of the Office of Institutional Compliance, either by letter, by telephone, by e-mail, or by meeting.
d. A person may make a report in an exit interview statement given upon the conclusion of their employment at UTHSC-H.
e. A person may make a report by the designated UTHSC-H Compliance E-mail address: **compliance@uth.tmc.edu**.
f. A person may make a report by the designated "Web Reporting" website: **www.tnwinc.com/webreport**.

VII. Investigating Compliance Issues

Whenever conduct that may be inconsistent with a billing policy or requirement is reported to the Office of Institutional Compliance, a review will be made to determine whether an investigation will be undertaken. If an investigation is warranted, at the direction of the Chief Compliance Officer, Institutional Healthcare Billing Compliance will conduct or coordinate the investigation and make recommendations for corrective action plans, when required. Reports of allegations and confirmed violations will be reviewed by the Chief Compliance Officer and presented to the ECC.

VIII. Corrective Action

When an instance of non-compliance related to healthcare billing compliance has been identified through reporting of possible issues or investigations the Chief Compliance Officer will ensure the implementation of a corrective action plan by the School Billing Compliance Officer. The School Billing Compliance Officer shall notify the following of the identified School billing compliance issue, the ECC's guidance, if any, and the corrective action that must be initiated:

- The affected faculty member(s), other health care professional(s) or employee(s); and
- The Chair and Departmental Billing Compliance Officer, if any, of the involved department(s);
- The School Billing Compliance Committee

Corrective action plans may include, but are not limited to, the following elements:

- Modification of billing practices;
- Requirement of additional billing training;
- Recommendations for refunds;
- Placement of restrictions on billing by faculty members or other health care providers;
- Disciplinary action, up to and including termination.

IX. Disciplinary Guidelines

If, as part of the corrective action plan, disciplinary action is recommended, such action shall be taken based on the facts and circumstances relating to the incident(s) of non-compliance. Disciplinary actions may include, but are not limited to:

- Focused retraining of the faculty and/or employee(s) regarding compliance with documentation, billing or coding issues and standards until he/she has demonstrated competency on the issue(s) in question;
- Written warning or reprimand, issued by the Chair or applicable employee supervisor, and placed in the faculty member and/or employee's personnel file. In addition, the faculty member or employee shall undergo mandatory remedial education and competency testing, as described above;
- Temporary suspension of the faculty member's billing privileges, if the incidence of non-compliance is determined to be the responsibility of the faculty member. The recommendation shall include the duration of the proposed suspension. Within three (3) months of the reinstatement of billing privileges, the faculty member's charts shall be reviewed by Institutional Healthcare Billing Compliance;
- Temporary reduction in the faculty member's compensation, if the incidence of non-compliance is determined to be the responsibility of the faculty member. The recommendation shall include the scope and/or duration of the proposed reduction. Within three (3) months of the reinstatement of the faculty member's regular compensation, the faculty member's charts shall be re-reviewed by Institutional Healthcare Billing Compliance;
- Temporary reduction in the employee's compensation, if the incidence of non-compliance is determined to be the responsibility of the employee. Within three (3) months of the reinstatement of the employee's regular compensation, the employee's work product(s) will be re-reviewed by Institutional Healthcare Billing Compliance;
- A recommendation for suspension, without pay, or termination of the offending faculty member or employee. The Dean of the applicable School shall make, with input from the Chief Compliance Officer, such recommendation to the UTHSC-H President.

Disciplinary action(s) involving UTHSC-H faculty, administrative and professional staff, or staff members shall be administered in accordance with The University of Texas System Board of Regents' *Rules and Regulations* and the UTHSC-H HOOP **4.08 *Termination for Good Cause***, **3.06 *Termination of Employment***, or **5.13 *Disciplinary Actions***, respectively as applicable.

X. Revisions to Billing Compliance Plan

This plan is intended to be flexible and readily adaptable to changes in regulatory requirements. Institutional Healthcare Billing Compliance shall review the plan at least annually to assure that it remains current and effective. Changes to the plan may be proposed by members of the ECC, departments, or individual employees. All changes to the plan must be reviewed and approved by the ECC consistent with the UTHSC-H HOOP and The University of Texas System Board of Regents' *Rules and Regulations*.