



HNS Best Practices - Compliance

To promote awareness among contracted health care professionals of our legal environment, to promote compliance with laws relevant to the health care industry, and to prevent accidental and intentional non-compliance to those laws, HNS has developed best practices which establish **HNS Compliance Policies** for contracted health care professionals.

These policies are consistent with guidance issued by the Office of Inspector General (OIG), industry standards and federal and state laws and were developed by the HNS Quality Management and Improvement (QMI) Committee with input from network physicians serving on HNS Professional Affairs Advisory boards.

HNS takes seriously our compliance responsibilities and failure to comply with HNS Compliance Policies will subject contracted health care professionals to disciplinary action by HNS up to and including termination of their Practitioner's Participation Agreement.

HNS reserves the right to review and modify its Compliance Policies at any time and will provide timely notification to contracted health care professionals of any material changes.

The following HNS Compliance Policies establish HNS' performance expectations for all contracted health care professionals.

1. Compliance to Laws, Regulations and Policies

Contracted health care professionals shall comply with all applicable federal and state laws and regulations, HNS Compliance and Business Policies, and the policies of HNS contracted health care plans. (HNS Business Policies should not be followed if compliance to those policies would adversely affect the health or safety of a patient.)

2. Ethical and Professional Standards

Contracted health care professionals shall adhere to generally recognized standards of medical and professional ethics and the ethical and professional standards set forth by their respective licensing board, the HNS Code of Ethics and HNS' Standards of Conduct.

3. Compliance Training (Contracted Health Care Professionals)

Initial Training: contracted health care professionals shall complete the HNS Compliance Training module within 15 days of the effective date of their participation in the HNS Network.

Annual Training: contracted health care professionals shall complete the HNS Compliance Training annually, by the end of July of each year.

Compliance Training Certification

A Compliance Training Certification form is included at the end of the HNS Compliance Training module. A signed and dated copy of this certificate shall be *provided to HNS by the due dates indicated above.* The certificate may be emailed or faxed to HNS.

Compliance Training (Employees & Vendors/Contractors)

Contracted health care professionals shall ensure that each employee and applicable vendor/contractor receives this same training each year.

Failure to Comply with Compliance Training Requirements

Failure by contracted health care professionals to comply with all HNS compliance training requirements may result in the temporary suspension of access to *HNSConnect* and/or the submission of claims to HNS via Office Ally, and/or termination from the HNS Network.

4. Records of Compliance Training (physicians, employees and vendors)

Contracted health care professionals shall maintain all records relating to compliance training for a minimum of **10 years.**

At a minimum, records shall include:

- The name of the individual who completed the training;
- The date of the training;
- Copies of all materials used in the training (i.e. - a copy of the HNS Compliance Training power point module)
- Copies of the HNS Compliance Certification Form.

Contracted health care professionals shall ensure these records are available, upon request, to HNS, contracted health care plans, CMS and/or other regulatory agencies.

5. Cooperating with Investigations

HNS contracted health care professionals shall cooperate with any compliance investigation initiated by HNS, by contracted health plans, government entities, or as otherwise required by law.

6. Written Compliance Plan

Contracted health care professionals shall maintain a written compliance plan, which shall include written policies and procedures intended to promote compliance to applicable laws and regulations, HNS policies and the policies of contracted health care plans.

7. Quality of Health Care Data

Contracted health care professionals shall ensure the validity, reliability, accuracy and quality of health care data submitted to HNS and to any federal or private health care plan.

As a reminder, the validity, reliability, accuracy and quality of health care data submitted to HNS by contracted health care professionals is the **sole responsibility** of the contracted health care professional who provided the services (and/or under whose supervision the services were provided), and whose name is on the claim form as the rendering provider.

8. HNS' Clinical Records Quality Standards

Contracted health care professionals shall ensure that care provided to members of HNS contracted health care plans is provided and documented pursuant to the *HNS' Clinical Records Quality Standards*. These standards are available on the HNS website

9. Documentation

Contracted health care professionals shall ensure that claims are only submitted for payment when the documentation in the health care record supports the services or items on the claim, and only when such documentation is legible, maintained, appropriately organized, and is available for audit and review.

10. Coding

Contracted health care professionals shall ensure that services billed through HNS are properly coded with the most appropriate and most current ICD, CPT, and/or HCPCS codes and, as applicable, are appended by appropriate modifiers, and that those codes are supported by documentation in the health care record.

11. Submission of Claims to HNS

Contracted health care professionals shall submit claims to HNS for all covered services provided to members whose health care plans contract with HNS. This includes claims for secondary coverage if the secondary payor contracts with HNS.

Exception: If a patient specifically requests that a contracted health care professional not file claims to their health care plan, the contracted health care professional shall comply with the request, **but may do so ONLY if the request is properly documented in the patient's health care record.**

12. Integrity of Information/Billing Systems

Contracted health care professionals shall ensure appropriate safeguards are in place for billing/information systems in order to maintain the integrity of all patient

health care data and which prevent the unauthorized access of computer systems, including but not limited to, anti-virus protection and appropriate internal safeguards.

Contracted health care professionals shall maintain appropriate back-up systems that ensure their ability to retrieve data in the event of an emergency or disaster.

13. Unbundling

Contracted health care professionals shall not unbundle codes (use separate codes for services that have an aggregate code which should be used).

14. Duplicate Billing

Contracted health care professionals shall not submit duplicate billings in an attempt to gain duplicate payment.

15. Balance Billing

Contracted health care professionals shall not balance bill for covered contracted services. Balance billing refers to billing members the difference between the contracted health care professional's charges and the contracted allowable. For *covered* services providers, contracted health care professionals shall only collect from members the applicable co-payment, co-insurance and/or deductible amount.

16. Posting Payments

Contracted health care professionals shall ensure that all payments, including zero dollar payments, are posted to patient accounts within 15 days of receipt.

17. Refunds/Overpayments

Contracted health care professionals shall not retain payments to which they are not entitled. An overpayment is an improper or excessive payment made to a health care provider to which the provider is not entitled.

Contracted health care professionals shall ensure that overpayments/refunds are resolved pursuant to *HNS Refund/Overpayment Policy*.

Contracted health care professionals who receive payment for services they did not provide or to which they are not *entitled*, shall **immediately notify HNS** (if the payment was issued by HNS) or the issuing entity, if not HNS, to arrange to refund those monies.

18. Accuracy of Name/Number of Rendering Provider

Contracted health care professionals shall not knowingly misuse provider name and/or identification numbers. The name and the Type I NPI number *of the health care professional who actually rendered the service(s)* shall be included on health care claims. The health care professional's name on the claim form is an attestation that he/she performed the services reported on the claim.

Exception: If services were provided by a locum tenens ("fill-in") health care professional and all locum tenens requirements have been met, services

provided by the “fill-in” health care professional may be submitted under the name/NPI number of the health care professional who contracted with the “fill-in” health care professional. For additional information, please refer to **HNS’ Locum Tenens Policy**.

19. Compensation to Billing Personnel (includes staff, billing companies and/or consultants)

HNS contracted health care professionals shall not compensate billing staff and/or billing companies and/or consultants in a manner that provides financial incentive(s) to improperly code claims.

20. Reporting Non-Compliance

Contracted health care professionals shall report to HNS, and as applicable, appropriate government authorities, all suspected or actual instances of non-compliance, and immediately escalate any incidents of suspected fraud, waste and abuse.

21. Investigating

Contracted health care professionals shall promptly investigate all suspected or known instances of non-compliance.

22. Correcting Non-Compliance

Contracted health care professionals shall promptly correct all known instances of non-compliance.

HNS Disciplinary Actions and Sanctions for Non-Compliance

HNS seeks to prevent accidental and intentional non-compliance with applicable laws, to detect such non-compliance if it occurs, to discipline those involved in non-compliant behavior, to remedy the effects of non-compliance, and to prevent repeat non-compliance.

Compliance is everyone’s responsibility and HNS takes seriously our compliance responsibilities. When a violation of applicable laws, regulations and/or HNS Compliance Policies has occurred, HNS shall take appropriate disciplinary actions.

Disciplinary measures will be taken on a case-by-case basis. HNS reserves the right to apply sanctions at its discretion, based on the seriousness of the misconduct. The review of misconduct and the imposition of sanctions for contracted health care professionals will be the responsibility of HNS’ Compliance Officer and CEO.

Written notifications of sanctions/disciplinary actions will be communicated to the contracted health care professional engaged in the misconduct and will include the misconduct and, as applicable, may include a summary of the results of the investigation.

HNS reserves the right to review and modify its Disciplinary Actions and Sanction Policies at any time and will provide timely notification to contracted health care professionals of any material changes.

Disciplinary Actions:

If HNS concludes that a contracted health care professional has violated laws or regulations or HNS Policies or the policies of HNS contracted health care plans, the contracted health care professional will be subject to appropriate disciplinary action.

Enforcement and discipline may include discipline of contracted health care professionals *who fail to report suspected or known non-compliant conduct and/or who fail to fully cooperate with compliance investigations.*

HNS' disciplinary actions may include any combination of the actions listed below.

Sanctions for Negligent Action

The following sanctions will be applied for misconduct relating to non-compliance.

Disciplinary measures will be taken on a case-by-case basis. HNS reserves the right to apply sanctions at its discretion, based on the seriousness of the misconduct.

First or Second Offense (negligent action):

1. Issuing a verbal or written warning;
2. Requiring additional compliance training or other educational requirements;
3. Requiring the submission and completion of a corrective action plan (CAP);
4. Temporarily suspending the health care professional's access to *HNSConnect* or his/her ability to submit claims to HNS via Office Ally;
5. Auditing of patient health care and financial records;
6. Placing the health care professional on probationary status with HNS;

Third Offense (negligent action):

1. Requiring additional compliance training or other educational requirements;
2. Requiring the submission and completion of a corrective action plan (CAP);
3. Temporarily suspending the health care professional's access to *HNSConnect* or his/her ability to submit claims to HNS via Office Ally;

4. Auditing of patient health care and financial records;
5. Terminating the health care professional from the network;
6. Reporting the misconduct to the appropriate federal and state authorities, including but not limited to, state licensing boards and the National Practitioner's Data Bank (NPDB);

Sanctions for Intentional Action

The following sanctions will be applied for misconduct relating to non-compliance.

Disciplinary measures will be taken on a case-by-case basis. HNS reserves the right to apply sanctions at its discretion, based on the seriousness of the misconduct.

First Offense (intentional action):

1. Requiring additional compliance training;
2. Requiring the submission and completion of a corrective action plan (CAP);
3. Temporarily suspending the health care professional's access to *HNSConnect* or his/her ability to submit claims to HNS via Office Ally;
4. Auditing of patient health care and financial records;
5. Placing the health care professional on probationary status with HNS;
6. Terminating the health care professional from the network;
7. Reporting the misconduct to the appropriate federal and state authorities, including but not limited to, state licensing boards and the National Practitioner's Data Bank (NPDB);
8. Prosecuting the individual.

Second Offense (intentional action):

1. Terminating the health care professional from the network;
2. Reporting the misconduct to the appropriate federal and state authorities, including but not limited to, state licensing boards and the National Practitioner's Data Bank (NPDB);
3. Prosecuting the individual.