Policy and Procedure: Corporate Compliance
Topic: Reimbursement Practices and Billing Errors

SCOPE OF POLICY

This policy applies to all Center For Family Support (CFS) employees, including trainees, volunteers, consultants, contractors or subcontractors as well as The Board of Directors.

STATEMENT OF PURPOSE

The Center for Family Support (CFS) is committed to accuracy and integrity in all its billing, coding, and other reimbursement operations. To reinforce this commitment, the Assistant Executive Director in concert with the Director of Finance is responsible for general oversight of billing, coding, and other reimbursement operations in accordance with this policy.

STATEMENT OF POLICY

The Center for Family Support is committed to ensuring that its reimbursement practices comply with all federal and state laws, regulations, guidelines, and policies. The Center for Family Support prohibits the intentional submission of any claim for reimbursement that is false, fraudulent, or fictitious. Furthermore, The Center for Family Support is committed to safeguarding against the accidental submission of any claim that is false or inaccurate.

This commitment includes a policy of submitting accurate billing claims for services that are actually rendered and deemed medically necessary. This policy and the following procedures were adopted to ensure that general guidance is available for all employees.

IMPLEMENTATION OF POLICY

1. The Assistant Executive Director in concert with the Director of Finance is responsible for ensuring that all reimbursement and billing procedures contained in this policy are integrated into the operations of the organization.

2. All employees will receive compliance training that will reinforce the following policies:
   - Anyone that has knowledge of a problem related to reimbursement (e.g., submission of a claim that is false or contains false information) must report that problem.
• Failure to report a known problem related to reimbursement will subject an employee to disciplinary action.

• Inaccurate claims submission may subject involved employees, and other representatives to civil or criminal penalties.

• Anyone reporting a problem or concern in good faith will be protected by the non-retaliation policy.

3. The Assistant Executive Director is responsible for ensuring that the Code of Conduct and Conflicts of Interest policy provides adequate general guidance concerning appropriate reimbursement practices.

4. All services rendered to individuals shall be documented in a proper and contemporaneous manner, as dictated by federal & state regulations as well as CFS policies, so that only accurate and properly documented services are billed.

5. Billing claims will be submitted only when appropriate & adequate documentation supports the claim and only when such documentation is maintained for audit and review. The documentation, which may include service recipients’ records, shall include the identity and title or professional certification of the individual providing or ordering the service.

6. Each Center for Family Support program will maintain record and maintain documentation of services as per current regulations. Documentation ised for billing purposes will include, at a minimum, the following:
   • Attendance/Census records;
   • Receipt and maintenance of service plans (including but not limited to Individual Service Plans, Treatment Plans, and Habilitation Plans);
   • Service documentation requirements specific to the respective program (data sheets, daily training records, habilitation checklists, monthly summary or case notes);
   • Definition of contemporaneous documentation;

7. Program and Accounting Department staff shall communicate effectively and accurately with each other to assure compliance and avoid the potential for billing irregularities and/or errors.

8. The Assistant Executive Director is responsible for responding, in a timely manner, to all problems, concerns, or questions related to reimbursement practices. The Assistant Executive Director is also responsible for ensuring that appropriate remedial actions are taken for any irregularities uncovered.
9. If a billing error is discovered, the billing error should be immediately reported to the Director of Finances, the Assistant Executive Director, the Controller and the Corporate Compliance Officer.

10. The billing error will be recorded by the Controller through the completion of a Void / Adjustment Claim Form. The following information will be recorded on the Form:
   - Service Recipient’s Name and Medicaid (or other payer identification number);
   - Date(s) of services and units;
   - Type of service;
   - Change requested (void, add, adjust); and
   - Reason for the change.

Completed forms will be forwarded to the Director of Finance and the Assistant Executive Director for review and signature.

11. The Controller in concert with the Corporate Compliance Officer is responsible for the investigation of any billing errors or irregularities. Appropriate steps will be taken to prevent recurrence.

12. Any overpayment received as a result of such billing error will be promptly repaid to the appropriate payer, with interest, if appropriate.

13. An independent auditor will conduct periodic reviews of internal billing, claims processing, and reimbursement to verify that all billing activities conform to current policies and procedures of the organization as well as comply with all federal and state guidelines.
# VOID CLAIM FORM

The following claim(s) need to be voided or adjusted:

<table>
<thead>
<tr>
<th>Program:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Recipient:</td>
<td></td>
</tr>
<tr>
<td>Date(s) of Service:</td>
<td></td>
</tr>
<tr>
<td>Units (#, half/full, etc.):</td>
<td></td>
</tr>
</tbody>
</table>

**REASON (check one and explain):**

- ☐ Clerical Error or Billing Log  
- ☐ Keying Error in Bus. Office  
- ☐ Documentation doesn’t support claim (details below):

-  
-  
-  

How was the error discovered?  

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<table>
<thead>
<tr>
<th>Submitted by:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Compliance Officer Notified:</td>
<td>Date:</td>
</tr>
<tr>
<td>Program Director Notified:</td>
<td>Date:</td>
</tr>
<tr>
<td>Director of Finance Notified:</td>
<td>Date:</td>
</tr>
<tr>
<td>Controller Notified:</td>
<td>Date:</td>
</tr>
<tr>
<td>Asst. Executive Director Notified:</td>
<td>Date:</td>
</tr>
<tr>
<td>Executive Director Notified:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Accounting Office Use** – Please attach copies of backup and return to Director of Finance once void is complete.

<table>
<thead>
<tr>
<th>Amount: $</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Voided:</td>
<td>Date $$ Recouped:</td>
</tr>
<tr>
<td>Invoice #:</td>
<td>Receipt #:</td>
</tr>
<tr>
<td>Controller Signature</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Reviewed by:**

| Director of Finance: | Date: |
| Asst. Executive Director: | Date: |