

## POLICY INFORMATION

**Policy Title:** Billing and Claims Submission Policy and Procedure

**Departmental Owner:** Chief Compliance, Audit, and Privacy Officer

**Version Effective Date:** December 15, 2023

**Last Reviewed:** December 15, 2023

## SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees  CT Employees  NY Employees  Remote Employees  Contractors  Volunteers  Students/Interns  Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

## POLICY STATEMENT/PURPOSE

The purpose of this policy, applicable to Nuvance Health ("Nuvance") entities and subsidiaries, is to establish guidance to ensure that all billing and claims submitted to any government or private health care program, commercial payer, third party payer, individual, department or agency, are accurate and comply with all applicable Federal and State laws, Federal healthcare program requirements and regulations, and Nuvance policies and procedures. Nuvance shall collect only those amounts to which it is entitled, and refund amounts billed and/or collected in error.

## POLICY

Nuvance and subsidiary employees must ensure that claims submitted are in accordance with Federal and State laws, Federal healthcare program requirements and regulations, and Nuvance policies and procedures related to coding and billing practices. Nuvance will accurately code and bill for services rendered, pharmaceuticals, devices, supplies or other billable items provided; and follow all appropriate coding, billing, and Medicare guidelines, including State and other regulatory guidelines, and commercial payer specific policies and guidance when applicable. Unintended or suspected errors in billing should be reported immediately to your supervisor in order for the error to be promptly addressed and corrected. Any Nuvance or subsidiary employee, employed provider or contractor who knowingly presents or causes to be presented claims for payment or approval which are false, fictitious, or fraudulent will be subject to disciplinary actions, up to and including immediate termination.

## PROCEDURE

Affected Nuvance or subsidiary employees must be aware that **it is against the policies of Nuvance to:**

- Alter claims to obtain a higher or inappropriate payment amount
- Bill for services, pharmaceuticals, devices, or supplies that were not provided
- Bill for care that was not medically reasonable or necessary
- Bill claims known to be duplicate in order to obtain reimbursement to which the provider is not entitled, or to be paid for the same services or items twice
- Bill for non-covered services as if they were covered services
- Bill or submit claims that involve over-utilization of services without proper regard for results, the patient's condition, medical needs, or the physician's order
- Intentionally avoid an obligation to repay amounts paid to Nuvance in error
- Intentionally falsify, destroy, or withhold records relating to the billing and claims submission function
- Knowingly submit inaccurate bills to any government, commercial or third-party payer or self-pay patient
- Knowingly bill for services known to be intentionally miscoded; known to be unsupported by documentation or based on false documentation
- Misrepresent dates, frequency, duration, or description of services rendered, or the identity of the recipient of the services or the individual who rendered the services
- Misrepresent the diagnosis for the patient to justify the services, pharmaceuticals, devices, supplies or equipment furnished
- Misrepresent the services rendered (i.e., upcoding or the use of procedure codes not appropriate for the item or service actually furnished), amounts charged for services rendered, identity of the person receiving the services, dates of services, etc.
- Engage in a pattern of billing, certifying, prescribing, or ordering services that are not medically necessary, or not to the extent rendered
- Engage in a pattern of duplicate billing to obtain reimbursement to which the provider is not entitled (i.e., a pattern of billing both Medicare and the beneficiary or another insurer for the same service in an attempt to get paid twice)
- Engage in a pattern of routine waiver of beneficiary co-payments and deductibles
- Offer, pay, solicit, or receive a kickback, bribe or rebate, i.e., paying for a referral of patients in exchange for the ordering of diagnostic tests and other services or medical equipment
- Request or obtain additional or inappropriate payments for covered services from the beneficiary (beyond deductible, co-insurance, or other designated patient responsibility)
- Unbundle or "explode" charges for tests or services required to be billed together at a reduced cost, in an attempt to inappropriately enhance payment
- Utilize split-billing practices (e.g., billing procedures over a period of days when all treatment occurred during one visit)

Any type of inaccurate or duplicative billing, whether it is intended or not, can subject Nuvance to civil and criminal penalties.


All employees are responsible for promptly reporting actual or suspected errors or inappropriate billing practices to their supervisor or manager, the Compliance Helpline or the Compliance Office.

## REFERENCES

False Claims Act (FCA), 31 U.S.C. §§ 3729 – 3733

## APPROVAL

DocuSigned by:

  
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12/29/2023

**Signature**

**Date**