



Billing Compliance Plan Fiscal Year 2026–2027

I. Introduction and Applicability

Florida Atlantic University (“FAU”) maintains an institutional commitment to ensuring that all healthcare billing practices across its Covered Components (also known as “unit”) are accurate and compliant with federal and state law, regulations, payer requirements, and University policies governing healthcare billing, coding, and reimbursement operations.

FAU’s Billing Compliance Plan ensures that all professional fee billing practices are documented properly, coded accurately, submitted in compliance with payer rules, and aligned with evolving regulatory standards. The plan incorporates the structural requirements in University Policy 7.4, including oversight, training, auditing, reporting, and corrective action mechanisms.

As required by University Policy 7.4, this Billing Compliance Plan for FY 2026–2027 serves as the framework for oversight and standards for all unit-level billing compliance activities across FAU’s healthcare operations.

II. Written Billing Policies, Procedures, and Plans

1. Covered Component Plans and Policies

Covered Components must maintain comprehensive written billing policies, procedures, and plans that establish clear expectations for compliant professional fee billing. Each Covered Component must prepare a compliance plan to implement billing compliance efforts. The unit’s healthcare billing compliance plan must, at a minimum, include the following features:

- References to written billing policies and procedures for any billing activities undertaken by unit’s billing personnel(s) or third parties;
- Accurate coding guidance that aligns with the clinical documentation, payer requirements and credentialing rules; and
- Educational and training requirements to address billing issues of particular importance to the Covered Component.

Policies must be reviewed every three years and upon regulatory changes within the healthcare billing field. Each unit must ensure there is a centralized, accessible repository of current billing policies available to all staff involved in documentation, coding, or billing.

The billing compliance plan for each unit will be reviewed and approved by the Billing Compliance Committee (“BCC”) prior to its implementation for FY 2026-27.

III. Education, Training, and Competency Requirements

Covered Components are responsible for determining and implementing the training appropriate for its specific operations.

IV. BCC Auditing, Monitoring, and Quality Assurance

This section provides FAU with an overview of a structured, repeatable process to evaluate the accuracy, integrity, and compliance of billing activities across all Covered Components. This plan establishes the procedures and responsibilities for the BCC to ensure that each unit’s billing practices meet regulatory, payer, and University requirements. For comprehensive guidance on audit procedures, and standards, please refer to **FAU’s Billing Compliance Audit Handbook**. The Handbook serves as the authoritative resource for all billing compliance audit requirements and must be consulted whenever clarification or detailed procedural information is needed.

1. Objectives of Billing Audits

FAU’s auditing and monitoring activities are implemented to ensure accurate and consistent billing practices across all Covered Components by verifying that clinical documentation fully supports the services billed and aligns with regulatory and payer requirements. The billing audits conducted by each unit are implemented to accomplish the following:

- Identify potential compliance risks early by reviewing patterns of documentation, coding, supervision, time-based billing, and revenue cycle processes, allowing the University to intervene before issues escalate;
- Promote continuous quality improvement through routine evaluation of billing workflows, identification of recurring errors or training needs, and implementation of targeted corrective actions;
- Strengthen the integrity of FAU’s billing operations by validating adherence to federal and state regulations, payer rules, and University policies, and ensuring that overpayments, deficiencies, or irregularities are promptly addressed;
- Support accountability and transparency by providing objective, evidence-based assessments of billing practices and ensuring that findings are reviewed, documented, and used to inform future Billing Compliance Plan updates;
- Regularly report coding errors to the BCC and key unit leaders, as necessary, who will enforce corrective actions and disciplinary actions as appropriate;

- Protect FAU from financial and regulatory risk through systematic oversight that ensures compliance with the Billing Compliance Plan and prevents fraudulent, wasteful, or abusive billing practices; and
- Maintain an error tracking system for all records reviewed.

2. Scope and Frequency of Billing Compliance Audits

Covered Components must create a program for internal audits utilizing FAU's Billing Compliance Audit Handbook. The components must ensure results are clearly documented and stored in an easily identifiable file and submit those results to the BCC within the required timeframes. The full audit schedule is provided in Exhibit A. at the discretion of the Chief Compliance and Ethics Officer. Audits must include a review of randomly selected documentation samples, focusing on—but not limited to—the following key areas of concern:

- Clinical documentation (evaluations, treatment notes, progress notes, and other encounters) to verify that required elements are present, and the documentation supports the services billed.
- Coding accuracy to ensure that codes reflect the documented service, are supported by payer policies, and are not up coded, downcoded, or otherwise improperly coded.
- Time-based service accuracy, including verification of start and stop times, total timed minutes, and adherence to payer-specific billing rules for timed procedures.

A formal audit report must be done upon audit completion, summarizing key findings, recommendations, and required corrective actions. Covered Components are expected to implement corrective measures within the specified timeframe, and follow-up reviews may be conducted to confirm compliance.

V. Reporting, Investigation, and Corrective Action

Covered Components should first review any inquiries concerning billing or reports of non-compliance to determine if a compliance issue exists. If additional clarification or guidance is needed, the BCC will assist in evaluating whether further investigation is necessary. The Covered Components are primarily responsible for identifying potential billing-related non-compliance or violations and forwarding complaints to the appropriate unit. The BCC assists in this process by helping to identify violations and ensuring complaints are made to the proper unit. Additionally, all other existing mechanisms for receiving complaints at FAU can be used to report suspected non-compliance with health care billing requirements

If any billing compliance audit identifies instances of potential non-compliance, the BCC will notify the dean or director of the affected unit and conduct a review to determine whether billing practices were inconsistent with university policies or other applicable requirements. When necessary, the BCC will recommend corrective action to address and remediate such issues.

VI. Annual Review & Fiscal Year Goals

Covered Components must submit to the BCC annual compliance reviews including training records, audit results, corrective action summaries, and updated compliance goals.