



## Professional Services Compliance Monitoring Policy Updates

Authored by Compliance Staff:  
Frances Garcia, Medical Coding Auditor Supervisor

The UNM Health Sciences Center Compliance Office recently revised the UNM Medical Group's *Professional Services Compliance Monitoring* policy, effective 10/21/2024. This policy was originally established in 2014, to provide guidelines for compliance monitoring activities utilized to assess the accuracy of Documentation, Medical Coding, Medical Billing related to professional services, and to monitor the effectiveness of Corrective Action Plans to correct non-compliant issues. This policy applies to UNM Health System's billing Providers including all UNMMG Providers and medical coders who provide administrative/medical billing support to clinical care at all UNM Health System entities.

Notable changes include revisions and updates to the Corrective Action Plan (CAP) for Providers who score less than the below minimum target rate of ninety percent (90%).

Old Policy	Effective 10/21/24
Routine review of clinicians with over 150 E/M services billed previous year. IT department generates report of clinicians.	Routine review of clinicians identified in MD Audit as a risk.
Pass Rate Thresholds: <ul style="list-style-type: none"><li>90-100% Pass- No education, letter is sent to provider notifying of review and any additional observations and recommendations for documentation improvement.</li><li>70-89% Corrective Action Plan (CAP): Education to provider followed by a 60-90-day follow-up review. Follow-up review process continues until provider achieves passing score 90% or above.</li><li>69% and below- Fail: provider goes on 100% review and all encounters are held and reviewed prior to billing until a pass score of 90% or above is achieved. Affected departments are charged \$500 per month for the duration the provider is on review.</li></ul> Note: Used Audit Score in MD Audit Professional	Pass Rate Thresholds: <ul style="list-style-type: none"><li>90-100% Pass- No education, letter is sent to provider notifying of review and any additional observations and recommendations for documentation improvement.</li><li>89% and below- Corrective Action Plan (CAP): Education to provider followed by a 60-90-day follow-up review. Provider has up to three (3) consecutive reviews to achieve a Passing score of 90%.<ul style="list-style-type: none"><li>Review 1: Notification of review, score and required education is sent to the Provider and their Direct Supervisor.</li><li>Review 2: Notification of review score and required education is sent to the Provider, Direct Supervisor, Department Chair and the Chief Medical Officer (CMO) of the UNM Medical Group.</li><li>Review 3: Notification of review score and required education is sent to the Provider, Direct Supervisor, Department Chair and the Chief Medical Officer (CMO) of the UNM Medical Group and Senior Associate Dean and Chief Executive Officer (CEO) of the UNM Medical Group.</li></ul></li><li>Fail: Should the Provider remain on monitoring for a period greater than three (3) consecutive reviews, the Provider and Department Chair shall submit a Corrective Action Plan that may include consideration of suspension of clinical privileges to the Compliance Officer who will subsequently report the same to the UNM Medical Group's Audit and Compliance Committee and the UNM Medical Group's Chief Medical Officer detailing the Provider's failure to achieve the accuracy with their Medical Billing.</li></ul> Note: Using Weighted Line Accuracy rate in MD Audit Enterprise.

Updates to the policy include the removal of the 100% hold and review of all claims prior to billing; and removal of the charge to Departments with a Provider who scored below seventy percent (70%). This is replaced with a Corrective Action Plan, including leveled escalation in



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Leadership review upon each score less than the below minimum target rate of ninety percent (90%). As such, the policy now states a Provider has three (3) opportunities to achieve a passing score of equal to or higher than the minimum target rate of ninety percent (90%). If a Provider does not achieve the minimum target rate score of ninety percent (90%) and above, they are subject to a Corrective Action Plan to include Provider education and follow-up review with notification to their Direct Supervisor on initial review, with escalation to notification of the Direct Supervisor, the Department Chair and the Chief Medical Officer (CMO) of the UNM Medical Group for the second review, and then the Senior Associate Dean and Chief Executive Officer (CEO) of the UNM Medical Group will be notified upon the third deficient review.

- Should the Provider remain on monitoring for a period greater than three (3) consecutive reviews, the Provider and Department Chair shall submit a Corrective Action Plan that may include consideration of suspension of clinical privileges to the Compliance Officer who will subsequently report the same to the UNM Medical Group's Audit and Compliance Committee and the UNM Medical Group's Chief Medical Officer detailing the Provider's failure to achieve the accuracy with their Medical Billing.

You are encouraged to review the updated policy document [on the UNM Medical Group Policies & Procedures Dashboard](#) for full details. [You can also download the policy by clicking here.](#)

If you have any questions, please contact the UNM Health Sciences Center Compliance Office. Email: [Compliance@salud.unm.edu](mailto:Compliance@salud.unm.edu) | HSC: 505-272-7371 | Health System: 505-925-6053 | [Website](#)