Exhibit A

UPMC | University of Pittsburgh Medical Center	
SECTION: Patient Business Services **SUBJECT:** Third –and Fourth-Party Audits of Medical Claims **EFFECTIVE DATE:** October 1992 **REVIEWED BY:** Lyda Dye	**SUBSECTION:** AUD **POLICY #:** 004 **LAST REVISED:** February 2008 **LAST REVIEWED: MARCH 2010** **APPROVED BY:** Lyda Dye

POLICY

It is the policy of UPMC to implement procedures to coordinate efforts of all parties in completing a successful third- and fourth-party audit of medical claims after discharge. Requests will be honored by those organizations that are in compliance with the National Healthcare Billing Audit Guidelines and the policies and procedures outlined below. Failure to comply with the policies and procedures or the National Healthcare Billing Audit Guidelines, a lack of ethical behavior, or other actions which are disruptive to the operations will result in denial of future audit scheduling and the third-party payor will be so notified.

APPLICABILITY:

This policy applies to all Patient Access Services.

GENERAL GUIDELINES

A. Organizations requesting permission to schedule and perform an audit of a claim are required to certify in writing that they are in compliance with the National Healthcare Billing Audit Guidelines.

B. Prior to disclosing medical information to an outside auditor representing an insurer, one of the following items shall be in place:

1. The completed Authorization For Release of Protected Health Information form (Authorization) that has been signed by each patient that the outside auditor requests records for, or
2. A document signed by an authorized signatory of the insurer indicating that 1) the outside auditor is acting on behalf of the insurer 2) the outside auditor's request for data for the audit is approved by the insurer, and 3) that the outside auditor is in full compliance with the signed business associate agreement signed by it and the insurer.

With respect to the Authorization, in the event that the patient is unable to sign for themselves, a legal representative can sign for them. However, as noted on the Authorization, the legal representatives' signature and description of authority to act on behalf of the patient must be included. If the patient is

deceased, the signature of the next of kin or the executor/administrator of the estate, as the legal representative will be acceptable. The signature of the executor/administrator must be accompanied by a certificate issued by the county Registrar of Wills. Additionally, the date on the Authorization cannot precede the date of record review by more than 90 (ninety) days and must be after the last service date for review.

C. All audits must be conducted by a qualified professional well versed in medical terminology and familiar with health care industry charging and documentation standards.

D. All audits are restricted to the verification of charges. Discussions will not be held with any third-party auditors regarding the "reasonableness" of any charge, nor will any financial data or reports regarding cost or pricing policies be disclosed to any party outside UPMC unless a contractual agreement exists between UPMC and the party requiring disclosure. Any requests for review of medical necessity are addressed as a separate issue.
It is therefore the policy of UPMC to limit such access to patient charts by third party payers for medical necessity reviews to that which may be required by law, licensing and review entities and contractual obligations.

E. Payment of a bill should be made promptly and should not be delayed by an audit process. Any account for audit must be paid at 100 percent of the eligible benefits prior to scheduling the audit.

F. The audit must be scheduled within one year of the discharge date on the claim.

G. All charges, including those which are unbilled or appear to be unsupported, must be reported.

H. At completion of the audit, an exit interview will be conducted for settlement of the account. All discrepancies must be identified in writing on the audit bill which is provided to each auditor.

I. Refunds due to the third party on the account in question will be processed within 30 days of the date that a signed agreement on discrepancies is reached with the audit firm.

J. No audit fee will be assessed on accounts paid at 100 percent of eligible benefits within 30 days of the final billing date. A $500 audit fee is charged on those accounts where payment is delayed beyond 30 days from the billing date. All fees are to be paid prior to the scheduled audit. Workers Compensation is an exception due to federal and state regulations.

K. Off-site audits are not recognized. All requested audits must be completed on-site.
On-site reviews encourage mutual understanding of the medical records and affords both parties the opportunity to quickly and efficiently handle questions that may arise.

3. Non-Compliance

Failure to comply with the above policy and procedures will result in suspension and/or termination of auditing privileges.

Failure to comply with this policy will result in disciplinary action according to Corporate Policy HS-HR0704 Corrective Action and Discharge