



**Morehouse School of Medicine  
Office of Compliance  
Compliance Charter**

**INTRODUCTION**

The mission of the Morehouse School of Medicine (MSM) is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary health care needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia. As an educational institution, it subscribes to the highest professional, ethical and moral values. Fulfilling its mission demands no less. As part of its educational responsibility, it must ensure that its faculty, residents and staff understand and carry out not only their clinical tasks but comply with applicable laws, rules, and regulations. This is essential to the core mission of the School and this charter will evolve with the strategic direction of the institution.

All faculty, staff, residents and students who work on behalf of Morehouse School of Medicine assume responsibility for conducting their operations and activities within the law and in keeping with MSM's highest ethical standards. At the institution level, compliance is the responsibility of a number of different departments and offices with oversight residing under the Chief Compliance Officer. While each of these departments and offices operate with specific knowledge and training on compliance issues relevant to its subject matter or functional area, given the increasing scrutiny and rising standards for corporate accountability, this compliance charter is intended to coordinate, monitor and, when appropriate, improve, the wide array of compliance areas.

**PURPOSE**

This compliance charter integrates and coordinates all significant requirements with which MSM must comply by law, regulation, or other binding rule or agreement. Comprehensive organizational compliance programs are common in many industries, and are increasingly important in higher education, especially in light of the passage of the Sarbanes-Oxley Act and some well-publicized cases of over-billing of federal agencies. In 1987, the Federal Sentencing Guidelines provided one of the first "models" for organizational compliance programs, and recommended that federal judges give "credit" for reduced penalties to organizations found guilty of violations if they had previously developed an effective compliance program. An institutional compliance program based on Sarbanes-Oxley and the Federal Sentencing Guidelines should demonstrate that there is an internal process to prevent and detect violations of law.

Morehouse School of Medicine's compliance program will enable the faculty, staff residents, and students to better manage the operations and risks for which they are individually and collectively responsible. The compliance program aims to achieve the following:

1. Coordinate MSM's compliance assurance activities (e.g., laws, regulations, contractual requirements).
2. Ensuring the institutional perspective is always present.
3. Assessing existing programs for compliance and improving as necessary.
4. Developing and communicating policies and procedures.
5. Facilitating compliance education and training.
6. Monitoring compliance and responding in a timely manner to instances of noncompliance.
7. Implementing a confidential helpline system for reporting noncompliance or for asking questions regarding compliance issues.
8. Ensuring that the appropriate department or office identifies appropriate disciplinary sanctions and applies those sanctions when infractions occur.
9. Coordinating and implementing specific compliance support activities.

## **COMPLIANCE LIAISON COMMITTEE**

The Compliance Liaison Committee (“Committee”) is charged by the Audit and Compliance Committee of the Board of Trustees to coordinate MSM’s compliance activities and programs to ensure that they are reasonably designed, implemented, enforced and generally effective in preventing and detecting noncompliance. The Committee oversees actions to promote an organizational culture that encourages a commitment to compliance and ethical conduct. The Committee shall meet at least bi-monthly. The responsibilities of the Committee shall include without limitation:

1. Providing general oversight and reviewing at least annually the compliance roles, responsibilities and activities of the compliance program.
2. Assisting the President, EVP and Dean and CCO in determining compliance priorities.
3. Advising and making recommendations, as appropriate, with regard to the compliance program.
4. Taking appropriate actions to ensure compliance awareness and compliance deficiencies are reasonably addressed consistent with the compliance program.

## **CHIEF COMPLIANCE OFFICER**

This position is responsible for establishing goals and direction for compliance consistent with the mission of MSM. This position will work with Senior Management, Legal Counsel, Risk Management, Internal Audit, Human Resources and others as necessary to collaboratively implement an effective Compliance Program for MSM. The Chief Compliance Officer role will:

- Implement, document, and maintain a MSM-wide regulatory compliance program, in collaboration with Senior Management, Legal Counsel, Risk Management, Internal Audit and Human Resources and others, that meets the expectations of state and federal regulations, government programs and is based on examples or best practices from peer institutions.
- Develop a strategic plan for the Compliance Office which includes:
  - Goals and targets for the next 5 years and goals associated with immediate success;
  - Risks to the institution and level of priority for the institution;
  - Process owners of such risk and ways to monitor such risks
- Work closely with Information Technology, Research and other departments to develop a centralized e-portal for compliance education and resources.
- Develop and lead the Compliance Liaison Committee charged with continual improvement of the compliance function and the execution of a cohesive, enterprise-wide compliance program.
- Develop an on-going campaign to heighten awareness of the compliance office function, as well as disseminate information and collect employee feedback.
- Develop, review, modify and implement policies, procedures, and best practices designed to promote and maintain compliance with state and federal regulations, MSM policies and to detect areas of operation where improvements are needed.
- Provide support and guidance to Senior Management, the Board of Trustees, and operational leadership to provide adequate information to ensure that they and their staff have the requisite information and knowledge of regulatory issues and requirements to carry out their responsibilities in a lawful and ethical manner.
- Develop, coordinate, and participate in a multifaceted educational and training program that focuses on the elements of the Compliance Program, MSM policies and federal and state standards.
- Assist with the monitoring of divisional/departmental compliance focus areas and personnel by conducting routine and focused internal review of adherence to policies/procedures, and by coordinating audits generated by external sources.
- Maintain and evaluate the reporting systems and resources such as the Compliance Hotline, and other confidential disclosure protocols. Coordinate and oversee investigations with Internal Audit and Legal Counsel for violations of laws and policies.



- Oversee and implement corrective action plans in response to investigations and internal reviews and findings, and other issues generated by the Compliance Program.
- Work with MSM management and operational leadership to develop and implement mechanisms to monitor the use and transmission of protected health information. Oversee the application of patient rights, maintain privacy policies and procedures and facilitate compliance initiatives to foster information privacy awareness with MSM.
- Provide written updates and reports at least quarterly to the Compliance Committee, Senior Management, and the Board of Trustees regarding the progress and efficiency of the Compliance Program and changes in government regulations that affect the operation of MSM.
- Perform legal research, data gathering, and legal analysis and interpretation of laws and regulations.

The Chief Compliance Officer shall report directly to the President and to the Audit and Compliance Committee of the Board of Trustees on the Compliance Program. The Chief Compliance Officer and the Compliance and Privacy Officer shall have the authority to review all documents and other information relevant to compliance activities.

### **CODE OF CONDUCT**

The Chief Compliance Officer shall periodically review the existing Code of Conduct and recommend revisions that are consistent with the objectives of the Compliance Program

[http://www.msm.edu/exec\\_offices/compliance/codeOfConduct.aspx](http://www.msm.edu/exec_offices/compliance/codeOfConduct.aspx)

### **CLINICAL COMPLIANCE**

Morehouse Medical Associates, Inc., shall be responsible to ensure that all billing and associated services are consistent with applicable statutes, regulations and program requirements involving Federal and State health care programs including guidance issued by the Office of Inspector General, Department of Health and Human Services and other government regulatory agencies including guidance and the requirements of the Health Insurance Portability and Accountability Act ("HIPAA"). [http://www.msm.edu/exec\\_offices/compliance/hipaa.aspx](http://www.msm.edu/exec_offices/compliance/hipaa.aspx)

#### Billing and Chart Audits

The Office of Compliance shall conduct routine, random prospective reviews of billing claims data from a representative sample of medical and billing records for a designated period to assess compliance with established standards of practice for teaching physician documentation, coding, and billing. A focused review may target specific providers, specialties, CPT codes, Evaluation and Management codes, or any other criteria by the CCO and/or Compliance and Privacy Officer. The Office of Compliance shall specifically examine records for compliance with Medicare, Medicaid, TRICARE, and other third party billing requirements as well as MSM Policies and Procedures. Following this review, results shall be reported to the applicable administrator, provider and coder who may have coded such physician's documentation. Education shall be performed at such time regarding any documentation deficiencies noted, or methods on how to improve documentation. In addition, if documentation deficiencies are found, an additional review will be performed within 90 to 120 days following such education session to determine if deficiencies continue to exist. Any claims that are identified with incomplete or inaccurate documentation shall not be submitted for payment to any third party payer. Monthly reports shall be provided to the Department Chairs, Medical Directors, Administrators, Morehouse Medical Associates Executive Director and the Dean of the School of Medicine regarding the results of billing audit reviews. Serious or recurrent billing deficiencies will be subject to a specific corrective action plan.



## **EDUCATION AND TRAINING**

The Chief Compliance Officer, in conjunction with the responsible faculty, directors, senior administrators, managers and staff shall develop a program that provides general compliance education and training in a variety of formats. In addition to education and training, the Chief Compliance Officer shall collect and make available compliance tools and resources, such as MSM policies, references to statutes and regulations, and other useful Web sites and materials.

## **REPORTING COMPLIANCE CONCERNS**

Any good faith concerns stemming from possible noncompliance with government or external agency regulations, related MSM policies, and errors or irregularities in the practice or its policies, are to be reported to management and/or the Chief Compliance Officer or, if desired, through the Compliance Hotline. A call to the Compliance Hotline can also be anonymous. Raising such concerns is a service to Morehouse School of Medicine and will not jeopardize employment or academic standing at Morehouse School of Medicine

The Chief Compliance Officer will maintain and publicize a telephone line that may be used to report compliance issues or possible violations of billing or research compliance standards and policies. To the extent possible, calls to the "hotline" will remain confidential and anonymous. The "hotline" will be operated in a manner designed to encourage complete disclosure by the caller of information such as a particular description of the activity in question, the department in which it has taken place, and the identity of the people who may have knowledge of the relevant facts. A record will be maintained of any reports. Each complaint will be investigated. After a review and investigation, the Compliance Officer will prepare a written report of findings and identify any corrective action that is required

### **No Retaliation Policy**

The Morehouse School of Medicine will not retaliate against any individual who reports actual or suspected violations of the laws, regulations, or policies. All reported violations will be handled with the utmost integrity and confidentiality to ensure that the identity of the reporting individual, when known and the identity of the person or persons involved in the suspected violation is only given to those persons with an absolute need to know.

## **RESPONSE, PREVENTION AND REMEDIATION**

Detected but uncorrected misconduct can seriously endanger the mission, reputation, and legal status of MSM. Consequently, upon reports or reasonable indications of suspected noncompliance, the Chief Compliance Officer will initiate prompt steps to investigate the conduct in question to determine whether a material violation of applicable law or the requirements of the Compliance Charter occurred, and if so, take steps to correct the problem.

Morehouse School of Medicine will impose appropriate sanctions for non-compliance with its policies and/or regulations.

## **ASSESSMENT**

Depending upon the nature of the alleged violations, an internal investigation will include interviews and a review of relevant documents as appropriate. The Chief Compliance Officer will consult with the General Counsel and/or other senior management regarding the scope of the review. Actions taken as the result of an investigation will necessarily vary depending on the nature of the situation. The Chief Compliance Officer may review the circumstances that formed the basis for the investigation to determine whether similar problems have been uncovered in other areas and whether there is a need for improved internal controls related to that risk area. The Chief Compliance Officer can be contacted at **404-752-8919**.