



**Morehouse School of Medicine
Office of Compliance and Corporate Integrity (OCCI)
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 the underserved urban and rural populations in Georgia and throughout the nation. 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, staff, and students understand and carry out not only their obligation 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. 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.

OFFICE OF COMPLIANCE AND CORPORATE INTEGRITY MISSION STATEMENT

The mission of the Office of Compliance and Corporate Integrity (OCCI) is to build and maintain a culture of compliance that encourages employees, faculty, students, and agents to conduct MSM's education, research, and clinical activities with the highest standards of honesty and integrity.

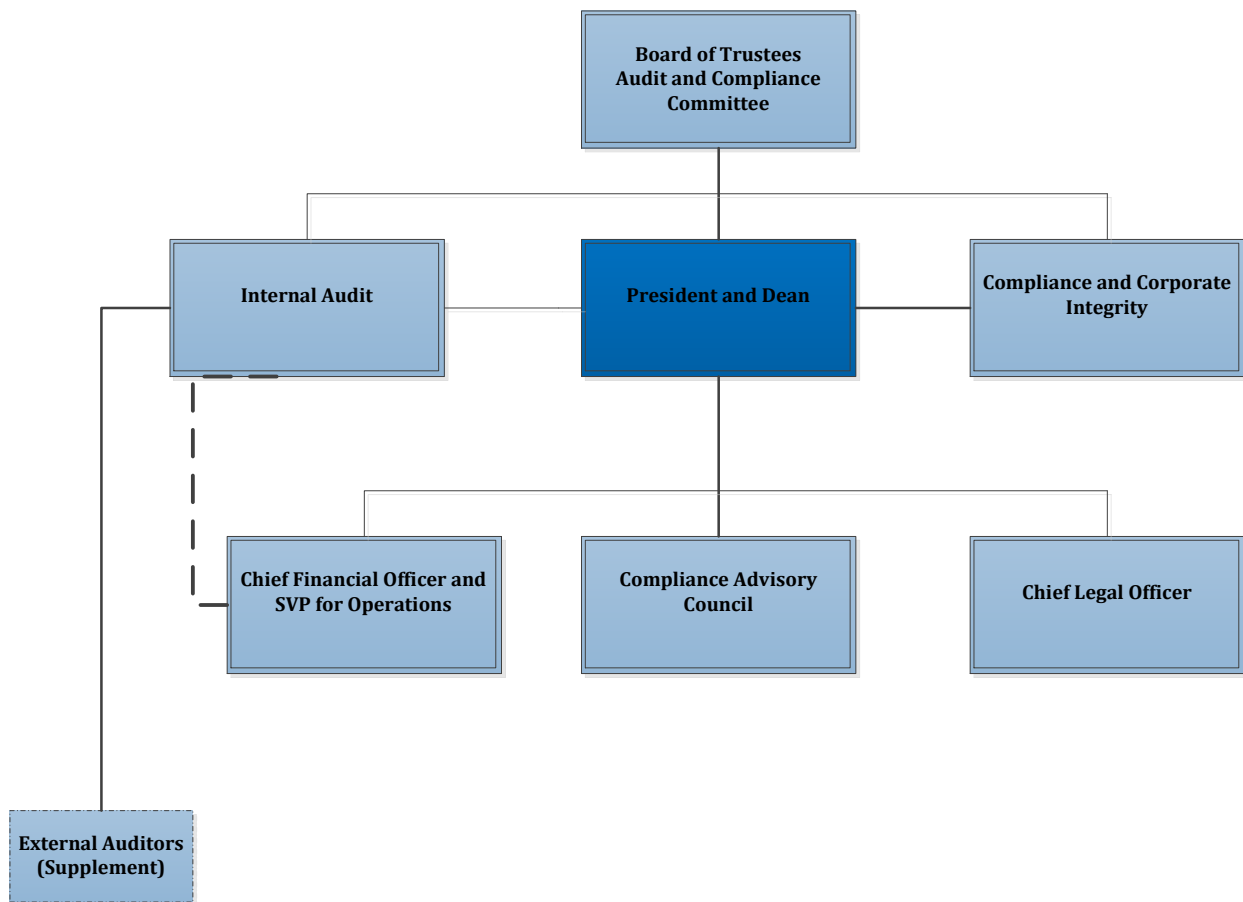
Morehouse School of Medicine's compliance program will enable the faculty, staff residents, and students to better manage the operations and risks for which they are individually and collectively responsible. The compliance program aims to achieve the following:

1. Coordinate MSM's compliance assurance activities (e.g., laws, regulations, contractual requirements).

2. Ensure the institutional perspective is always present.
3. Assess the existing program for compliance and improvement as necessary.
4. Develop and communicate policies and procedures.
5. Facilitate compliance education and training.
6. Monitor compliance and respond in a timely manner to instances of noncompliance.
7. Implement a confidential helpline system for reporting noncompliance or for asking questions regarding compliance issues.
8. Ensure that the appropriate department or office identifies appropriate disciplinary sanctions and applies those sanctions when infractions occur.
9. Coordinate and implement specific compliance support activities.

REPORTING STRUCTURE

Audit and Compliance Reporting Structure





COMPLIANCE ADVISORY COUNCIL

Morehouse School of Medicine Compliance Advisory Council (CAC) will assist the MSM Chief Compliance Officer 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. Additionally, the CAC will promote an organizational culture that encourages a commitment to compliance and ethical conduct. The membership of the Compliance Advisory Council will include representatives and leaders from the appropriate MSM departments. The Compliance Advisory Council will provide guidance by:

- Providing general oversight and reviewing at least annually the compliance roles, responsibilities and activities of the compliance program.
- Assisting the Chief Compliance Officer in determining compliance priorities.
- Providing suggestions and information to assist in development of overall compliance program structure.
- Monitoring implementation of compliance program efforts by each department
- Periodically reviewing and revising the MSM Compliance Charter as required by changes to the law and/or procedures and policies of government.
- Reviewing successful implementation of the education and training program that focuses on elements of the MSM Compliance Charter so all appropriate personnel are knowledgeable of and comply with pertinent federal and state standards and Morehouse School of Medicine Policies and Procedures.
- Assisting in developing/reviewing programs and policies that encourage managers and other personnel to report suspected fraud and other improprieties without fear of retaliation.
- Taking appropriate actions to ensure compliance awareness and compliance deficiencies are reasonably addressed consistent with the compliance program.

CHIEF COMPLIANCE OFFICER (CCO)

There shall be appointed a Chief Compliance Officer. To avoid any issues related to a conflict of interest regarding legal or financial matters associated with compliance, the Chief Compliance Officer has direct access to the President and Dean of Morehouse School of Medicine, the Chair of the Audit and Compliance Committee of the Morehouse School of Medicine Board of Trustees and the Chief Legal Officer of Morehouse School of Medicine. The Chief Compliance Officer has full access to all personnel and relevant documentation (subject to state or federal confidentiality laws) deemed necessary to perform his/her oversight and reporting duties.

The Chief Compliance Officer oversees the Compliance Charter, including the education of personnel regarding proper compliance, the auditing and monitoring of the status of compliance, and the reporting, investigation, discipline and correction of non-compliance. It is also his/her



responsibility to ensure programs are in place to guarantee that significant discretionary authority is not delegated to persons with a demonstrated or suspected propensity for improper or unlawful conduct.

It is not expected that the Chief Compliance Officer will have the knowledge or expertise necessary to ensure compliance with all laws and regulations or applicable standard operating procedures that affect the various departments of Morehouse School of Medicine. He/she is responsible, however, for the overall program and must ensure that qualified, knowledgeable personnel within individual divisions or departments of MSM assist in monitoring and educational functions.

The Chief Compliance Officer role will:

- Implement, document, and maintain a MSM-wide regulatory compliance program, in collaboration with Executive Leadership that meets the expectations of state and federal regulations, government programs and is based on examples or best practices from peer institutions.
- 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 Executive Leadership, 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 Affairs 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 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 annually to the Compliance Advisory Council, Executive Leadership, and the Audit and Compliance Committee of the Board of Trustees regarding the progress and efficiency of the Compliance Program and changes in government regulations that affect the operation of MSM.



CODE OF CONDUCT

In support of this Charter, the Code of Conduct and Ethics provides a non-exclusive summary of ethical and legal principles for members of the MSM community based on compliance requirements applicable to MSM's activities. Except as otherwise stated, it does not replace any existing MSM policies. The Chief Compliance Officer shall periodically review the existing Code of Conduct and Ethics and recommend revisions that are consistent with the objectives of the compliance program.

The Code of Conduct and Ethics will be provided to all MSM employees who will be required to attest to their understanding and agreement to abide by the Standards of Conduct outlined in the Code. The Chief Compliance Officer shall post this Charter and the Code of Conduct and Ethics on the Office of Compliance and Corporate Integrity website. The OCCI shall periodically publish information in various resources regarding the compliance program, Code of Conduct and Ethics, and related policies to raise awareness regarding general and specific compliance issues.

CLINICAL COMPLIANCE

Morehouse Healthcare shall comply with all applicable federal and state healthcare billing laws and regulations and 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"). Commitment will be given to preventing fraud and abuse in billing and responsibility to submit only charges that are truthful and accurate, that reflect medically necessary or appropriate services, and that are fully supported by health care record documentation. Attention will be given to submitting a correct claim for payment the first time.

Billing and Chart Audits

The Office of Compliance and Corporate Integrity shall conduct routine, random 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. The Office of Compliance and Corporate Integrity 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. Reports shall be provided to the appropriate clinical and executive leadership regarding the results of billing audit reviews at least annually. Serious or recurrent billing deficiencies will be subject to a specific corrective action plan.



EDUCATION AND TRAINING

Compliance education and training is a critical element of an effective compliance program. MSM is committed to providing general and specific compliance education and training so that MSM employees understand their obligations and responsibilities in accordance with applicable laws, regulations, and policies. The Office of Compliance and Corporate Integrity 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.

The Chief Compliance Officer or his/her designee will monitor the education of personnel to ensure inclusion of program content which meets and abides by the specific laws and regulations affecting individual departments and personnel of MSM. The Chief Compliance Officer or members of the Compliance Advisory Council will inform personnel in their respective areas of changes in the laws or regulations through written communications and in-service training.

MSM personnel are required to complete any compliance training assigned for their position in accordance with appropriate time frames and frequency

REPORTING COMPLIANCE ISSUES

All MSM personnel have the responsibility to comply with applicable laws and regulations and to report any acts of non-compliance. Raising such concerns is a service to Morehouse School of Medicine and will not jeopardize employment or academic standing at Morehouse School of Medicine.

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. Any employee who perceives or learns of an act of non-compliance should either: speak to his/her supervisor, call the Chief Compliance Officer or use the MSM Compliance Hotline. Compliance concerns may be reported verbally or in writing and may be anonymous. If an employee is unsure whether or not an issue is a compliance matter or has any questions about the existence, interpretation or application of any law, regulation, policy or standard, the issue or question should be directed, without hesitation, to the employee's supervisor, the Chief Compliance Officer or through the Compliance Hotline.

Supervisors are required to report these issues through established channels in Human Resources and/or to the Chief Compliance Officer. Every effort will be made to preserve the confidentiality of reports of non-compliance. All personnel must understand, however, that circumstances may arise in which it is necessary or appropriate to disclose information. In such cases disclosures will be on a "need to know" basis only.

If a report of non-compliance involves human subject research or animal research, notice will be given to the appropriate MSM oversight office about the affected individual/investigator and/or studies.

Anyone found to have known of acts of non-compliance and failed to report them will be subject to discipline. All reports of non-compliance should be made in good faith and with the best of intentions. It will be considered a serious violation of MSM policy for any person to intentionally



make false accusations. Such an occurrence may result in disciplinary action up to and including termination of the accuser.

Compliance Hotline

The Office of Compliance and Corporate Integrity 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 Chief Compliance Officer will prepare a written report of findings and identify any corrective action that is required.

Investigations

All reports of potential violations of laws, regulations, policies or questionable conduct shall be logged by the Chief Compliance Officer and an investigation will be authorized and initiated. The log will record the issue, the department or division affected and the resolution. This log will be treated as a confidential document and access will be limited to those persons at MSM who have responsibility for compliance matters.

The Chief Compliance Officer, or his/her designee(s), will investigate every report of non-compliance, however reported. Investigations will be done promptly and will consist of interviewing personnel, examining documents, and consulting with Legal, if necessary. All employees are expected to cooperate with those investigating such matters and non-cooperation may result in discipline.

The Chief Compliance Officer or their designee(s) have full authority to interview any employee and review any document (subject to state and federal laws on confidentiality) he or she deems necessary to complete the investigation.

A written record of each investigation will be created and maintained by the Chief Compliance Officer. He/she will make every effort to preserve the confidentiality of such records and will make any necessary disclosures on a "need to know" or legal basis only. Confidentiality, however, cannot be guaranteed.

A summary report of the findings of an investigation will be provided as appropriate to the complainant.

The Chief Compliance Officer will report the results of any significant investigation to the Audit and Compliance Committee of the Board of Trustee. The Chief Compliance Officer shall recommend a course of discipline and/or other corrective action to be imposed.

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 Chief Legal Officer, Human Resources and/or Executive Leadership 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 **404-756-8919**.

Corrective Action or Discipline

Every confirmed act of non-compliance may result in corrective action or discipline. In matters of non-compliance, corrective action or discipline will be according to applicable research and investigative policies and/or the findings of the appropriate regulatory agency or committee. Sanctions for severe or repeated instances of non-compliance may be recommended by the President and Dean of Morehouse School of Medicine. Sanctions may include a requirement to follow a certain process or procedure in the future, restitution, and/or discipline. Any appeal or grievance rights are those provided in existing policies

A corrective action plan will be set forth in writing and should be designed to ensure that the issue of non-compliance is addressed and similar problems are prevented from re-occurring. A corrective action plan should include one or all of the following elements:

1. Identification of the specific areas requiring compliance improvement
2. Requirement of additional training
3. Change in policies or procedures
4. Further audit or investigation steps
5. Disciplinary action

No Retaliation Policy

No employee of Morehouse School of Medicine shall in any way 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. Any confirmed act of retaliation shall result in discipline

MONITORING AND AUDITING

The Chief Compliance Officer will strive to ensure that the level of compliance in each division or department is audited periodically. He/she will arrange for external auditing as deemed necessary and appropriate in conjunction with the Morehouse School of Medicine President and Dean, Internal Audit and the Audit and Compliance Committee of the Board of Trustees. If the Chief Compliance Officer discovers that a department's or individual's level of compliance is unacceptable, he/she may impose a plan of corrective action, which may include future monitoring of an individual or department on a more frequent basis. Corrective actions and sanctions for acts



of non-compliance will be managed as outlined previously (*see Corrective Action or Discipline section*).

Any credible evidence of non-compliance believed by the Office of Compliance and Corporate Integrity, the Compliance Advisory Council, or other officials of Morehouse School of Medicine, to violate criminal, civil, or administrative law will be reported by Morehouse School of Medicine to the appropriate governmental authority.

RISK ASSESSMENT

Changes in the United States Sentencing Guidelines in 2004, give emphasis to implementing an ongoing Risk Assessment as part of an effective Compliance Program. The President and Dean of Morehouse School of Medicine is responsible for identifying significant risks facing Morehouse School of Medicine. In collaboration with the Office of Compliance and Corporate Integrity and the Director of Internal Audit, an evaluation, assessment and review of identified risk will be conducted so that the institution can make informed decisions about minimizing that level of risk when possible and any appropriate corrective action.

The OCCI and/or the Director of Internal Audit will conduct reviews, assessments and/or audits in specific areas that have been identified internally or externally as emerging compliance and ethics risks. This includes, as appropriate, a risk analysis to determine whether key legal and regulatory risks have adequate policies.

The OCCI in collaboration with Internal Audit will:

- a. Assess and prioritize risks (in terms of the likelihood and magnitude of impact);
- b. Present findings to senior management;
- c. Report recommendations regarding a response strategy, as needed and appropriate
- d. Monitor progress on the implementation of the response strategy.