



ROWAN UNIVERSITY

School of Osteopathic Medicine

COMPLIANCE PROGRAM

Adopted September 26, 2014

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MESSAGE FROM THE UNIVERSITY PRESIDENT

Founded in 1976, the School of Osteopathic Medicine has established a reputation for excellence and tradition of providing holistic care by professionals who care deeply for their patients. Over those 38 years, the practice of medicine has changed greatly, to the extent that what our care givers do can be categorized by over 60,000 codes and our services recorded and transmitted electronically at the click of a button. Despite those changes, our bedrock mission has remained the same: to provide excellence in osteopathic medical education, research, and clinical care.

In all that we do, we are committed to honesty, accuracy, and transparency, and we hold ourselves accountable for incorporating these core values into all our operational processes. This Compliance Program is a statement of our commitment to our patients, our partners in health care, and our community of our common intention to perform our services in ways that ensure our medical records are as complete as they can be and in full compliance with all applicable laws.

Ali A. Houshmand, Ph.D., President
Rowan University
September 26, 2014

INTRODUCTION

In July 2013, the School of Osteopathic Medicine (SOM) joined Rowan University (now RowanSOM), and Rowan became only the second university in the nation granting both M.D. and D.O. medical degrees. RowanSOM ranks among the nation's top three osteopathic medical schools in research and will assist in transforming Rowan University into a major research university. RowanSOM has close to 250,000 annual patient visits. There are nearly 650 medical students at RowanSOM and 190 Master's and Doctoral students at Graduate School of Biomedical Sciences (GSBS).

The mission of the RowanSOM and its affiliate schools, faculty and medical personnel is to "provide excellence in both undergraduate and graduate medical education, research and health care for New Jersey and the Nation." The faculty has specifically affirmed that integrity is one of our essential values, with a commitment to ethical practices at our core. RowanSOM also strives to ensure our graduates understand and are prepared to carry out clinical tasks that comply with applicable laws, rules, and regulations and RowanSOM policies.

RowanSOM requires its schools and centers, faculties, practitioners, researchers, students and staff to act in a legal manner, consistent with all applicable governmental standards, requirements and RowanSOM policies. The Compliance Program is designed to strengthen and further demonstrate RowanSOM's commitment to achieve the highest level of awareness of governmental standards and RowanSOM policies. The Program establishes a framework for compliance with applicable healthcare and clinical research laws, regulations and policies of RowanSOM. Each faculty member and staff is responsible to ensure their actions comply with the Program. The purpose of the Compliance Program is to provide uniform guidance for all employees of RowanSOM, which includes any officer, employee,

contractors, subcontractors and agents acting on behalf of RowanSOM.

RowanSOM is committed to establishing and maintaining an effective compliance program in accordance with the compliance program guidance published by the Office of Inspector General, U. S. Department of Health and Human Services (“OIG Guidance”). The purpose of our Compliance Program is to seek to prevent, detect, and promptly rectify violations of law and university policy.

The goals and objectives of the Compliance Program are as follows:

- **Establish a close working relationship between and among the Dean of the School, the Clinical Dean and Executive Director of the Faculty Practice Plan, the practitioners and the compliance staff to ensure that our physicians and other health care providers are knowledgeable, well trained, and honest and accurate in recording and billing for their services;**
- **Implement written policies and procedures delineating ethics and compliance requirements;**
- **Conduct training and education;**
- **Enforce standards through well publicized disciplinary guidelines;**
- **Designate a compliance officer and compliance committee;**
- **Conduct internal monitoring and auditing RowanSOM’s healthcare operations on an ongoing basis to confirm compliance;**
- **Establish and maintain a confidential mechanism for employees to report instances of workplace and healthcare non-compliance allowing reports to be fully and independently investigated;**
- **Respond promptly to detected offenses and develop corrective action;**
- **Oversee the process for ensuring all providers of healthcare within the RowanSOM entity are approved for billing by the Federal and State Programs;**
- **Provide regular reviews of overall compliance efforts, including Programs that reflect current requirements and to identify any necessary adjustments needed to improve the program;**
- **Document RowanSOM’s compliance efforts, in regular reports to the RowanSOM Compliance Committee and the Audit Committee of the Rowan University Board of Trustees, and;**
- **Annually review the Program, for the purpose of ascertaining, whether changes or additions are necessary and make appropriate recommendations to the University’s President and Board of Trustees.**

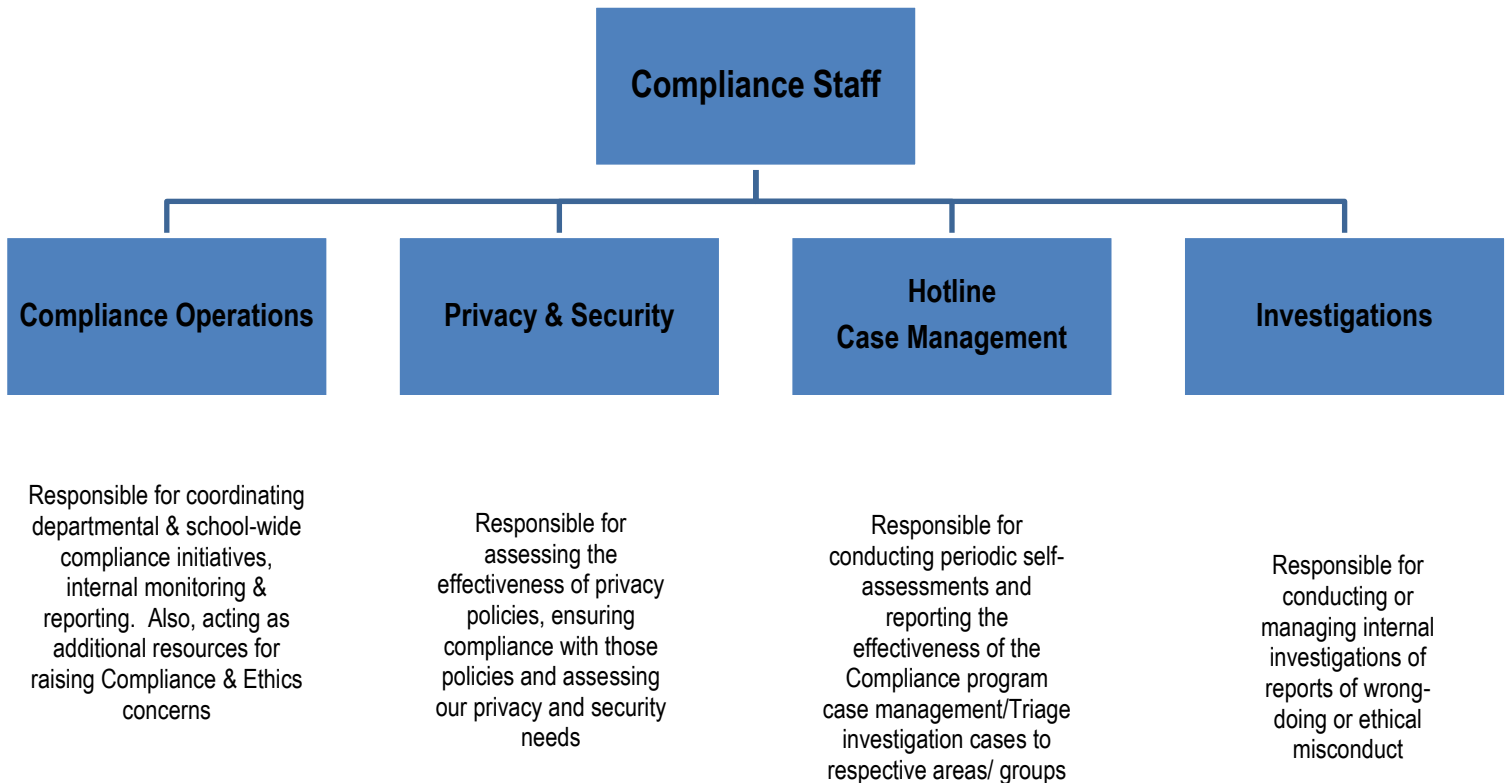
COMPLIANCE OVERSIGHT

The Dean of the College is ultimately responsible for ensuring that this Compliance Program is accepted and followed throughout RowanSOM. Compliance oversight through testing, validation, reporting, and imposing sanctions for sub-standard performance shall be implemented through the Office of Compliance and Corporate Integrity (OCCI) with the full authority of the Dean. The RowanSOM Chief Compliance Officer shall oversee this Compliance Program throughout RowanSOM.

A. The Chief Compliance Officer shall be responsible for the implementation of the Program.

The Chief Compliance Officer (CCO) will work closely with the Dean to foster and enhance compliance with all applicable healthcare and clinical research laws, regulations and requirements.

B. Table of Functions for the Compliance Program:



C. The Role of the Chief Compliance Officer

The CCO reports to the University's Executive Vice President as a general matter. Because of the importance of the obligations, however, the CCO has the discretion and responsibility to report directly to the President when the CCO determines it to be necessary. The CCO also provides reports to the Audit Committee of the University's Board of Trustees and has the discretion to report directly to the Chair of the Audit Committee as the Chair or CCO determines is appropriate.

In particular, the CCO's responsibilities include:

1. Implementation, administration and oversight of the Program.
2. Overseeing chart and billing reviews conducted by auditors provided by the Assistant Compliance Officer.
3. Monitoring all developments and changes in relevant local, state and federal statutes, regulations and applicable court decisions that may affect the Program, while coordinating and conducting all necessary and appropriate periodic in house educational compliance classes for the School or Clinical Unit employees.
4. Developing, reviewing and approving training materials and programs, monitoring and coordinating Compliance training classes through the development of core class curricula at the unit and assistance in the development of departmental curricula related to compliance issues.
5. Developing, implementing and directing a process which facilitates reporting of all possible non-compliance by employees, to the Office of Compliance and Corporate Integrity, including advertisement of the Compliance hotline.
6. Reviewing, revising and developing appropriate policies to guide all School and Clinical Unit employees in their compliance efforts.
7. Managing the Contract Management Protocol established to ensure Stark and Anti-Kickback considerations are in place. Reporting on any discrepancy through the Compliance Committee.
8. Providing overall leadership for the Unit Compliance Programs.
9. Reporting on activities to the President and to the Board of Trustees through its Audit Committee.
10. Overseeing investigations and responses to Hotline reports that are determined to involve conduct that may violate a compliance regulation or statute; an investigation will be performed and based upon the investigation results, the Chief Compliance Officer in coordination with the Office of General Counsel will develop an appropriate corrective action Program to the alleged violation.
11. Suggesting disciplinary action for individuals who violate compliance policies and procedures and formulating a corrective action Program to address any issues of non-compliance;

RESEARCH COMPLIANCE

RowanSOM's research compliance effort shall be coordinated through a cooperative interaction of the RowanSOM Chief Compliance Officer and the Office of Research and Sponsored Programs.

The RowanSOM Chief Compliance Officer shall work with the Chief Research Compliance Officer and the University's Internal Review Board to identify and manage the Compliance, Ethics and Privacy issues related to research at the School.

Implementation

In conjunction with the Dean of the School, the Chief Compliance Officer has developed this Compliance Program, which has been reviewed and approved by the Chief Compliance Officer, the Compliance Committee, the Dean, the President of the University, its Audit Committee and the Board of Trustees. The Compliance Program includes:

1. Written policies and procedures for activities undertaken by Departments which are beyond the scope of this Program;
2. Coordination of mandatory education and training programs provided by the Compliance Department to address issues of general interest or of particular importance and interest to RowanSOM;
3. A program for ensuring and documenting that all new RowanSOM employees receive training with regard to compliance issues within three months of initial employment to instruct them as appropriate on billing practices and documentation requirements;
4. Quarterly reports to the Board of Trustees Audit Committee, regular reports to the Executive Vice President, and reports to the University President whenever warranted.
5. Preparation of an annual assessment of the Compliance Program, by the Chief Compliance Officer and Compliance Expert (Expert review every 2 years); which describes the compliance activities completed within the department and identifying necessary changes and specific compliance objectives for the succeeding year.

COMPLIANCE POLICIES AND PROCEDURES

POLICY GUIDELINES

The policy of RowanSOM has always been to ensure that all claims for third-party reimbursement use the proper code(s) for the service(s) provided, that the documentation in the medical record supports the code(s) billed, and that each claim is submitted in the name of the appropriate provider. To guide physicians and billing personnel in meeting this objective, the Compliance Officer shall review existing policies, revise them as necessary, and develop any additional policies. Relevant policies will be incorporated into this Program as they are approved by the Compliance Committee and promptly circulated thereafter to all affected individuals. Such policies may include but are not limited to:

- Policy on Billing Responsibility
- Policy on Medical Record Documentation
- Policy on Teaching Physician Rules
- Policy on Routine Waiver of Coinsurance and Deductibles
- Policy on Refunding Overpayments
- Policy on Annual Reviews of Providers' Compliance
- Policy on Reporting Compliance and Ethics Concerns
- Policy on Sanctions for Program Violations
- Policy on Review of Disciplinary Action Related to Non-Compliance
- Policy on Properly Billing Services for Patients on Clinical Trials

Education and Training

The Compliance Officer shall be responsible for overseeing the development, coordination and implementation of training and education programs to ensure that policies, guidelines and regulations involving compliance issues are disseminated and understood. To accomplish this objective, the Compliance Officer will work with the Dean, the Clinical Dean and Executive Director of the Practice Plan, and each physician practice group to provide a systemic, ongoing training program that enhances and maintains awareness of compliance policies among existing employees. All training material that addresses compliance issues should be submitted to the Compliance Officer for review and approval before such training will be credited towards the School's annual training requirement for the employees as described below.

Areas of mandatory training and education shall include at minimum the following:

- General Teaching Physician Guidelines and Regulations
- Evaluation and Management (E/M) Guidelines
- Specialty specific training
- Medicare regulations and requirements
- Any issues brought forward as a result of department audits
- Advising employees of their obligations under the compliance Program
- Appropriate reporting to prevent errors

INTERNAL REVIEW AND MONITORING

The work product of employees engaged in billing shall be reviewed periodically by the Compliance Officer. The Compliance Officer may require more frequent reviews as deemed necessary and appropriate. If a review identifies issues of non-compliance, the Compliance Officer shall report the issue to the Dean, Clinical Dean, the particular Chairperson and the Office of the General Counsel. In consultation with legal counsel, the Compliance Officer shall review the situation to determine if there has been any activity inconsistent with School policies. If, at the conclusion of any investigation, it appears there are compliance concerns, a Corrective Action Program will be formulated and initiated as quickly as possible. All employees will be trained on the importance of adherence to this Program. All newly appointed employees will be required to acknowledge that adherence to the Compliance Program outlined in this Program is a material condition of employment. Employees will be informed that failure to comply with the requirements of the Program will result in discipline up to and including immediate dismissal.

The Compliance Officer {through the Audit Committee of the Board} will engage a compliance expert to verify every 2 years, in writing, to the Rowan University President and to the Board of Trustees {through the Audit Committee} that the Program has achieved the following goals:

1. Established compliance standards and procedures that are reasonably capable of assuring ethical and compliant conduct;
2. Designated specific individuals with a sufficient level of authority to oversee compliance with the standards and procedures set out in the Compliance Program;
3. Communicated effectively the standards and procedures to be followed by employees and established a mechanism to report possible issues of non-compliance and misconduct by means which minimizes the potential for retaliation and harassment;
4. Used monitoring and auditing systems reasonably designed to detect illegal conduct and achieve substantial compliance with the applicable standards and procedures to the best of the Compliance Officer's knowledge;
5. Consistently enforced appropriate discipline of individuals who engage in activity which equates to non-compliance or misconduct and for individuals who are responsible for, and fail to detect, noncompliance or misconduct;
6. Implemented effective compliance practices to prevent reoccurrence of non-compliance or misconduct; responded to any reports of possible misconduct; and modified standards and procedures as necessary to achieve compliance.
7. Implemented practices to ensure that RowanSOM has not appointed any person who is known to have intentionally engaged in misconduct to any position in which the person will have discretionary authority, and RowanSOM has taken reasonable steps to verify that applicants for positions requiring the exercise of discretionary authority have no history of illegal activity or exclusion from any Federal program.

REPORTING

To achieve the goals of this Program, employees are required to report any activity which they believe is in violation of this Program or any legal requirements. Reports may be made to one or more of the following persons: the Compliance Officer, the Dean, the President of RowanSOM, a department's physician or administrator responsible for compliance, and/or the University General Counsel. Failure to report knowledge of wrongdoing may itself result in disciplinary action. Any manager or supervisor receiving a report of possible misconduct must immediately advise the Compliance Officer.

In addition, the University maintains an Integrity Hotline that may be used to report compliance issues or possible violations. This may be accessed in either of two ways:

Telephone: 1-855-431-9967
Website: <http://rowan.edu/integrityline>

The Integrity Hotline is maintained by Rowan University. To the extent possible, calls to the "hotline" will remain confidential and anonymous as required by the policy "Reporting Compliance and Ethics Concerns". 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 allegation will be reviewed and investigated. After a review and investigation, which may include assistance from an investigator, the Office of Compliance and Corporate Integrity will prepare a written report of findings and, after consultation with the appropriate Dean, Chairperson, Administrator, legal representative or the President will then proceed with any corrective action that is required, in accordance with the "Policy on Reporting Compliance and Ethics Concerns."

In accordance with this policy, RowanSOM will not tolerate retaliation 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 (if and when known) of the reporting individual, and the identity of the person or persons involved in the suspected violation is only revealed to those persons with an absolute need to know.

Whenever a compliance issue has been identified, the Compliance Officer shall obtain advice and guidance, as needed, from the University's Office of the General Counsel. There may also be consultation with the Dean, the EVP or President, appropriate department chairpersons and appropriate clinical, research and billing personnel. The Compliance Officer, in collaboration with the appropriate senior leadership of the Unit, shall make any necessary reports to the President and to the University Board of Trustees through the Audit Committee.

Corrective Action Plans shall be designed to ensure not only that the specific issue is addressed, but also that similar problems do not occur in other areas or departments.

ENFORCEMENT AND DISCIPLINE

The aim of the Compliance Program is to clarify the expectations of RowanSOM for its employees in order to achieve its goal of accurate compliance practices. Much of the conduct described herein is required by law and penalties for violations can be severe.

It is each employee's responsibility to comply with the law and policies of RowanSOM and to conduct himself or herself in an honest and ethical manner. This responsibility cannot be delegated or assumed by RowanSOM or its affiliate schools. Violating laws, regulations, RowanSOM policies, or failing to report such violations can result in disciplinary action by RowanSOM up to and including termination of employment for cause. In addition, violators may be subject to civil or criminal charges by outside regulatory agencies.

RowanSOM reserves the right to take whatever disciplinary measures it deems appropriate based upon the circumstances surrounding the finding of non-compliance.

STATE ETHICS RULES

The University's Ethics Liaison Officer (ELO) is located on the Glassboro Campus at Bole Hall. The Deputy ELO is located on the Stratford Campus in the University Education Center.

The RowanSOM Deputy Ethics Liaison Officer (ELO) handles questions and forms relating to RowanSOM compliance with the State Ethics Code. Where appropriate, the Compliance Officer will arrange for ethics training with the Ethics Liaison Officer for the University, School or specific departments.

PRIVACY AND SECURITY RULES

The RowanSOM Chief Compliance Officer handles questions and issues relating to RowanSOM compliance with all relevant patient privacy issues and works with the Chief Security Information Officer regarding electronic security of patient information. Where appropriate, the Chief Compliance Officer will arrange for privacy and security training.