



UMDNJ COMPLIANCE PLAN

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INTRODUCTION

The University of Medicine and Dentistry is the nation's largest health sciences University. We are New Jersey's state wide system of health sciences education, biomedical research and HealthCare. Founded in 1970 to consolidate New Jersey's health professions education, UMDNJ has become the very core of the state's health sciences system. With five campuses, three medical schools, a dental school, a nursing school and other allied health education programs, and a network of more than 200 affiliated healthcare and educational partners spanning the state, we touch the lives of almost every New Jerseyan every day.

The mission of the University of Medicine and Dentistry of New Jersey and its affiliate schools, faculty and medical personnel is to provide high quality health care service and high quality medical education as well as creating a corporate culture with ethical practices at its core. UMDNJ also strives to ensure our graduates understand and are prepared to carry out clinical tasks that comply with applicable laws, rules, and regulations and University policies.

UMDNJ requires its schools, faculties, students and staff to act in a legal manner, consistent with all applicable governmental standards, requirements and University policies. The Compliance Plan (Plan) is designed to strengthen and further demonstrate UMDNJ's commitment to achieve the highest level of awareness of governmental standards and University policies and to prevent and detect violations..

The Plan establishes a framework for compliance with applicable healthcare and clinical research laws, regulations and policies of the University and other areas of research. Compliance determines this framework in collaboration with the Office of Research and Sponsored Programs. Each faculty member and staff is responsible to insure their actions comply with the Plan. The Plan is not intended to set forth all the substantive programs and practices of UMDNJ that are designed to achieve compliance. UMDNJ already maintains various compliance practices, and those practices continue to be part of its overall compliance effort. This Plan is applicable to all employees of UMDNJ, which includes any officer, employee, contractors, subcontractors and agents acting on behalf of UMDNJ (collectively, Employees).

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

- **Insure compliance with the University's Code of Conduct;**
- **Implement written policies and procedures delineating ethics and compliance requirements;**
- **Conduct effective training and education;**
- **Monitor UMDNJ's operations on an ongoing basis to assess compliance;**
- **Establish and maintain a confidential mechanism for employees to report instances of non-compliance allowing reports to be fully and independently investigated;**
- **Implement disciplinary action for individuals who violate compliance policies and procedures and formulate a corrective action plan to address any issues of non-compliance;**

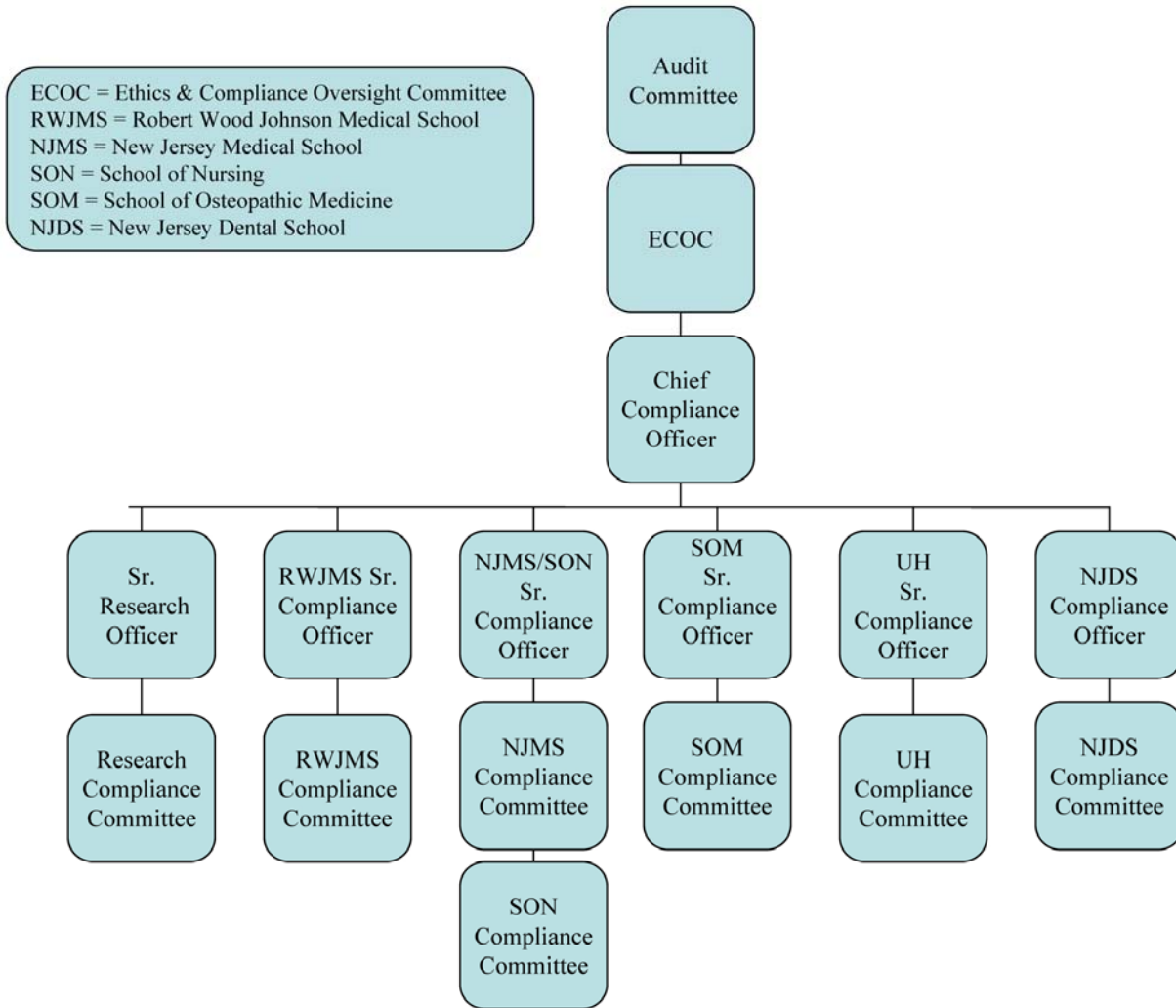
- Evaluate current compliance activity at each Unit, and where appropriate, develop compliance initiatives at each level;
- Provide regular reviews of overall compliance efforts, including plans that reflect current requirements and to identify any necessary adjustments needed to improve the program; and
- Document UMDNJ's compliance effort in regular reports to the UMDNJ Compliance Committee, and;
- Annually review the Plan for the purpose of ascertaining whether changes or additions are necessary and make appropriate recommendations to the President and Board of Trustees through its Audit Committee.

COMPLIANCE OVERSIGHT

Compliance oversight shall be implemented through the Office of Ethics, Compliance and Corporate Integrity with the full authority of that office. The UMDNJ Chief Compliance Officer, in collaboration with the Deans of each School, or President of each Clinical Organization (collectively, Units), shall appoint a Unit Compliance Officer who shall oversee individual compliance programs within each Unit.

- A. **The Chief of the Office of Ethics, Compliance and Corporate Integrity (Chief Compliance Officer) shall be responsible for the implementation of the Plan.**
- B. **The Chief Compliance Officer, in collaboration with the Deans or President of each Unit, shall appoint a Unit Compliance Officer who shall assist the Chief Compliance Officer in overseeing and implementing the Plan and additional requirements unique to the Unit (hereinafter referred to as the Unit Compliance Officer).**
- C. **Each Unit Compliance Officer shall, subject to approval of the Chief Compliance Officer, establish a supplemental Compliance Plan, if necessary or desirable, for the Unit.**
- D. **Under the direction of the Chief Compliance Officer, the Unit Compliance Officer shall be responsible for implementing and managing the Unit Compliance Program. The Unit Compliance Officer shall report to the Chief Compliance Officer, but the Compliance Program's support shall be the joint responsibility of the Dean or Clinical Unit President and the Chief Compliance Officer. The Chief Compliance Officer will work closely with the Deans of the Schools or Clinical Unit Presidents to foster and enhance compliance with all applicable healthcare and clinical research laws, regulations and requirements.**

Please reference the following Table of Organization for the Compliance Plan and its Committees across the multiple Units, which are shown on the Table.



The Chief Compliance Officer's responsibilities shall include:

1. Implementation, administration and oversight of the Plan.
2. Coordinating with each Unit to develop and implement Unit compliance plans, including approval of Unit reviews, oversight of the sample selection process, and review of the documentation process to ensure all reviews are conducted in a consistent manner.
3. Overseeing chart and billing reviews conducted by auditors provided by the Manager, Physician Compliance.
4. Monitoring all developments and changes in relevant local, state and federal statutes, regulations and applicable court decisions that may affect the Plan, while coordinating and conducting all necessary and appropriate periodic in house educational compliance classes for the School or Clinical Unit employees.
5. Developing, reviewing and approving training materials and programs, monitoring and coordinating training classes through the development of core class curricula at the unit and assistance in the development of departmental curricula related to compliance issues.
6. Developing, implementing and directing a process which facilitates reporting of all possible non-compliance by employees to the Ethics, Compliance and Corporate Integrity Office, including advertisement of the Ethics helpline.
7. Investigating inquiries concerning proper billing practices or other reports of non-compliance by determining whether a compliance issue exists and developing an appropriate response to any identified instances of non-compliance.
8. Developing appropriate corrective action plans to address compliance issues.
9. Preparing an annual compliance report for submission to the Dean of the School, or President of the Clinical Unit, the Compliance Committee and the faculty practice plan(s) which documents the organization's compliance efforts, summarizes compliance activities and identifies suggested changes and enhancements.
10. Review, revise and develop appropriate policies to guide all School and Clinical Unit employees in their compliance efforts.
11. Review, revise and approve all Unit Compliance plans.
12. Provide overall leadership for the Unit Compliance Plans.
13. Coordinating with the UMDNJ Office of the General Counsel and counsel for the clinical practice groups (i.e. UPA) regarding all legal issues related to compliance.
14. Reporting on activities to the President and to the Board of Trustees through its Audit Committee.

RESEARCH COMPLIANCE

A School's research compliance effort shall be coordinated through a cooperative interaction of the Chief Compliance Officer with the UMDNJ Research Office. Each School's Compliance Officer shall work with the Research Compliance Officer, the Vice President of Research and the Research Dean(s) for the School and the IRB to identify the compliance issues related to research at the School.

UNIT IMPLEMENTATION

Each Unit may, as deemed appropriate by the Unit Compliance Officer in conjunction with the Dean of the School or the President of the Clinical Unit, develop a compliance plan and shall appoint a physician or other faculty leader and an administrator who will assist in the implementation and monitoring of the Unit's plan. Before becoming effective, the unit compliance plan shall be reviewed and approved by the Chief Compliance Officer. Each Unit's compliance plan shall include, at a minimum:

1. Written policies and procedures for activities undertaken by the Unit which are beyond the scope of this plan;
2. Coordination of mandatory education and training programs provided by the Unit Compliance Officer to address issues of general interest or of particular importance and interest to the Unit;
3. A program for ensuring and documenting that all new Unit 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. Preparation of an annual report by the Unit for submission to the Unit Compliance Officer which describes the compliance activities completed within the department;
5. An annual assessment by the Unit of its compliance plan identifying necessary changes and specific compliance objectives for the succeeding year;

COMPLIANCE POLICIES AND PROCEDURES

POLICY GUIDELINES

The policy of the University 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 Plan as they are approved by the Compliance Committee. 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 Plan 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 Chief 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 Unit Compliance Officers will work with the Chief Compliance Officer 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 Chief 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 plan
- Appropriate reporting to prevent errors

INTERNAL REVIEW AND MONITORING

Each employee engaged in billing shall be reviewed periodically by the Unit Compliance Officer. The Unit Compliance Officer may require more frequent reviews as deemed necessary and appropriate. If a review identifies issues of non-compliance, the Unit Compliance Officer shall report the issue to the particular Chairperson, the Chief Compliance Officer and if necessary, the UMDNJ Office of the General Counsel. In consultation with legal counsel, the Chief and/or Unit Compliance Officer shall review the situation to determine if there has been any activity inconsistent with the School policies. If, at the conclusion of any investigation, it appears there are compliance concerns, a corrective action plan will be formulated and initiated as quickly as possible.

All employees will be trained on the importance of adherence to this Plan. All newly appointed employees will be required to acknowledge that adherence to the Compliance Program outlined in this Plan is a material condition of employment. Employees will be informed that failure to comply with the requirements of the Plan will result in discipline up to and including immediate dismissal.

The Chief Compliance Officer shall verify annually in writing to the University President and to the Board of Trustees through the Audit Committee that the Plan 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 Plan;
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.

The University will not appoint any person who is known to have intentionally engaged in misconduct to any position in which the person will have discretionary authority, and the University shall take 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

The University maintains an "open door" policy with respect to information of suspected violations of compliance. To achieve the goals of this Plan,, employees are required to report any activity which they believe is in violation of this plan or any legal requirements to one or more of the following persons: the Unit Compliance Officer, the Chief Compliance Officer, the

Dean of each School, the President of each Clinical Unit, a department's physician or administrator responsible for compliance, and/or the UMDNJ 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 Unit Compliance Officer.

The Chief Compliance Officer will publicize the Ethics Helpline that may be used to report compliance issues or possible violations.

The Ethics Helpline is maintained by the UMDNJ Office of Ethics, Compliance and Corporate Integrity. To the extent possible, calls to the "helpline" will remain confidential and anonymous as required by policy # 00-01015-55:00 "Reporting Compliance and Ethics Concerns". The "helpline" 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, which may include assistance from the University Investigations Group,, the Office of Ethics, Compliance and Corporate Integrity prepares a written report of findings and, after consultation with the Dean of the School or the President of a Clinical Unit, the Unit then proceeds with any corrective action that is required, in accordance with the "Policy on Reporting Compliance and Ethics Concerns."

In accordance with this policy, the University 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 keep 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 given to those persons with an absolute need to know.

Whenever a compliance issue has been identified, the Unit Compliance Officer shall obtain advice and guidance, as needed, from the UMDNJ Office of the General Counsel and the Chief Compliance Officer. There may also be consultation with the Dean, the President of a Clinical Unit, appropriate department chairpersons and appropriate clinical, research and billing personnel. The Chief Compliance Officer, in collaboration with the appropriate senior leadership of the Unit, shall make any necessary reports to the President and to the UMDNJ 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 Plan is to clarify the expectations of the University 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 UMDNJ and to conduct themselves in an honest and ethical manner. This responsibility cannot be delegated

or assumed by UMDNJ or its affiliate schools. Violating laws, regulations, University policies, or failing to report such violations can result in disciplinary action by the University up to and including termination. In addition, violators could be subject to civil or criminal charges by outside regulatory agencies.

UMDNJ has a policy of progressive discipline for infractions committed by employees, except where immediate termination is justified due to the nature of the infraction..

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

RESPONSE AND PREVENTION

This Plan will be revised as necessary. To facilitate appropriate revisions to the Plan, the Chief Compliance Officer shall prepare a report, at least annually, that describes the general compliance efforts that have been undertaken during the previous year. The report will further identify necessary changes that may improve the effectiveness of the Plan. .

The annual compliance report will address all pertinent compliance issues from the preceding year including:

- Education and training regarding compliance policies,laws and regulations;
- Unit initiated compliance efforts to correct compliance issues;
- Findings of compliance violations;
- Corrective actions taken.

The Plan should be revised to address concerns in the above areas and other identified areas to ensure every possible effort to achieve maximum compliance in all areas. The annual Plan shall be submitted to the President and to the Board of Trustees through its Audit Committee for review and any appropriate action.

STATE ETHICS RULES

The UMDNJ Ethics Liaison Officer handles questions and forms relating to UMDNJ compliance with the State Ethics Code and reports to the Chief Compliance Officer. Where appropriate, the Chief Compliance Officer will arrange for ethics training with the Ethics Liaison Officer for the University, School or specific departments.

PRIVACY AND SECURITY RULES

The UMDNJ Privacy and Security Officer, with direction from the Chief Compliance Officer, handles questions and issues relating to UMDNJ compliance with all relevant patient privacy and electronic security of patient information. Where appropriate, the Chief Compliance Officer will arrange for privacy and security training with the UMDNJ Privacy and Security Officer.