

TULANE UNIVERSITY MEDICAL GROUP

HEALTH CARE COMPLIANCE POLICY

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TULANE UNIVERSITY MEDICAL GROUP HEALTH CARE COMPLIANCE POLICY MANUAL

PART I - CODE OF CONDUCT

Patient care services provided by the clinical faculty and other providers employed by the clinical departments of the Tulane University (the “University”) School of Medicine are delivered through, and billed by, the Tulane University Medical Group (“TUMG”). It is TUMG’s policy to provide services and conduct its operations in compliance with all state and federal laws and consistent with the highest standards of business and professional ethics and to conduct our activities with honesty, integrity, and diligence. TUMG recognizes that its physicians and other clinicians provide services in a highly regulated health care environment and that TUMG, as a faculty group practice, has a special responsibility to teach and train new physicians who understand the legal responsibilities of physicians in connection with the delivery of high-quality care.

To assist with its compliance effort, TUMG has established this Code of Conduct and Health Care Compliance Policy Manual (the “Policy Manual”) to provide the TUMG workforce with an overview of the Compliance Program. This Code of Conduct and Policy Manual applies to all members of the TUMG community including the TUMG Board, physicians, other clinicians, administrative and support staff as well as volunteers, contractors, vendors and agents.

TUMG’s continued ability to operate and fulfill its various missions depends upon each workforce member’s dedication to compliance. It is the obligation of every member of the TUMG community to help TUMG maintain its high standards of professional practice by reporting any actual, apparent or potential violation of law, regulation or policy.

The Policy Manual includes an overview of health care compliance policies to which all of the TUMG workforce, vendors, contractors and agents are expected to adhere. The Policy Manual is intended to supplement and not supersede existing University compliance policies including, without limitation, University conflicts of interest, harassment and fraud in research policies. TUMG physicians and clinicians also are expected to adhere to compliance initiatives established by Tulane University Hospital and Clinic (“TUHC”) and other affiliated teaching hospitals, as well as by certain community hospitals and health care facilities where they hold medical staff privileges or to which they provide administrative or clinical services.

“Workforce” - “Workforce means TUMG physicians, non-physician providers, employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or business associate, is under the direct control of such covered entity or business associate, whether or not they are paid by the covered entity or business associate”

PART II - THE TUMG COMPLIANCE PROGRAM

1. Clinical Compliance Operations Committee (“Clinical Compliance Committee”)

The Clinical Compliance Committee has direct responsibility for implementing and overseeing the annual TUMG Compliance Work Plan. The Clinical Compliance Committee is chaired by a TUMG Board Member, nominated and elected under TUMG Board Governance Guidelines. The Clinical Compliance Committee is one of three compliance operations committees that report to the University Governance, Risk and Compliance Executive Council (GRCEC) which, in turn, reports through the Senior VP and COO, to the University President and the University Audit Committee of the Board of Trustees. The Clinical Compliance Committee also reports to the TUMG Board. An attorney from the Office of the General Counsel assigned to the Health Sciences Center serves as counsel to the Clinical Compliance Committee. The Clinical Compliance Committee consists of physician representatives from the TUMG Board and a working group whose representatives include the University Privacy and Data Compliance Officer, the Chief Information Security Officer, the TUMG Compliance Officer, the HIPAA Security Officer, and the Director of Pharmacy and 340B Compliance. See Appendix 1 for a description of the University compliance program structure. See Appendix 2 for a list of key compliance contacts.

In addition to its general oversight responsibilities, the Clinical Compliance Committee's areas of responsibility include HIPAA compliance, anti-kickback and Stark issues, and physician billing. The Clinical Compliance Committee's charge includes the development of compliance policies, education and training, the identification of internal audit priorities and risk areas based on the annual HHS OIG Work Plan and making recommendations for an annual compliance plan. The Clinical Compliance Committee oversees responses to external billing audits. The Clinical Compliance Committee also coordinates implementation of the TUMG Compliance Plan at the TUMG departmental level, including physician training, by working with TUMG departmental Administrators. The Clinical Compliance Committee provides regular reports of its activities to the Director of Compliance and Ethics and to the TUMG Governing Board. In addition, the University maintains and monitors the compliance hotline through a third party, described in Section 2 below.

2. Reporting Suspected Compliance Problems/Protection of Whistleblowers

TUMG engages in specific compliance efforts to detect and prevent regulatory noncompliance. Despite the best efforts of each individual associated with TUMG to comply with TUMG policies and applicable laws, inevitably there will be questions about the propriety of certain conduct or practices. Accordingly, TUMG makes it a part of the duty of all members of the TUMG workforce to notify it of any actual, apparent, or potential compliance violations. Any good-faith report of a suspected compliance violation may be made without fear of retaliation. Reports may be made anonymously, and all persons making such reports are assured that they will be treated with appropriate confidentiality. Reports will be shared only on a bona fide need-to-know basis. Reports of fraud, waste or abuse, (FWA) will be shared with contracted Medicare Advantage Plans as required by the individual contracts as per CMS guidelines. Timely notice is provided as defined in Medicare Advantage Plan contracts.

A reporting system exists at TUMG that allows any member of the TUMG community to ask a question about a compliance issue or to report a good-faith suspicion of a compliance violation to one's supervisor, program director, or department chair, and/or to the Compliance Officer, the

Office of the General Counsel, the Compliance Inquiry Line “Helpline at **1 855 5GOWAVE (855 546 9283)** or visit MyComplianceReport.com (Company I.D. is TUL). In addition, information on the hotline may be found at <https://counsel.tulane.edu/compliance>

Retaliation against any member of the TUMG workforce making a good-faith report of suspicion of noncompliance to TUMG, or cooperating in the investigation of such reports, is prohibited. The federal and state laws contain protections for “whistleblowers” who alert the appropriate governmental authority of a violation of the false claims acts. Under these

any person with actual knowledge of an allegedly false claim, including employees, agents and contractors, may, under certain conditions, become a whistleblower under these statutes and is free to notify the appropriate state or federal governmental authorities if he/she does not believe that TUMG is responding appropriately when notified about potential violations. TUMG is prohibited from taking adverse or retaliatory action against a whistleblower who in good faith notifies the appropriate governmental authority of an alleged violation. Whistleblowers may also be entitled to relief, including employment reinstatement, back pay, and other compensation arising from retaliatory conduct against him or her.

Any member of the TUMG workforce who feels that he or she is being retaliated against, demoted, suspended, threatened or harassed by TUMG for reporting a suspected violation should contact the Compliance Officer immediately, and any member of the TUMG workforce who commits or condones any form of retaliation will be subject to sanctions. However, any member of the TUMG workforce who intentionally and maliciously misuses the reporting system to make false allegations against any person will be subject to disciplinary actions.

3. Background Checks

TUMG does not knowingly employ, engage or delegate authority to individuals who have criminal propensities or who are listed by a federal agency as debarred, suspended or otherwise ineligible to participate in federal programs. Accordingly, the University and TUMG conducts background checks on the status of current and potential workforce members, consultants, and contractors. OIG, SAM and State of Louisiana background checks are done pre-hire and thereafter monthly on TUMG workforce, TUMG Providers, and vendors. Records of these checks are maintained for a period of ten (10) years. Exclusions are reported to contracted Medicare Advantage Plans within 30 days or as required by contract. With respect to any excluded individual, TUMG ensures that it receives no payment from Federal health care programs for any items or services they furnish, order, or prescribe.

4. Corrective Action

- A. In the event of non-compliant behavior by a member of the TUMG workforce, the Compliance Officer in conjunction with the Office of General Counsel will review the relevant facts and clinical documentation in patient records and recommend an individual remediation program to correct the problem. If noncompliant behavior continues after completion of the remediation program, Compliance Officer in Conjunction with the Office of General Counsel will recommend sanctions to the Dean, Departmental Chair, and CEO of TUMG,

B. In the event that TUMG refunds payments for services to third party payers, including Medicare, Medicaid, or Commercial Insurance, as a result of internal TUMG reviews or audits/claim checks conducted by third parties, then TUMG shall take the following actions:

1. Refund amounts will be deducted from the provider's cash collection production report and/or the department or TUMG as determined by the TUMG CEO.

2. TUMG assessments will be reversed on the income that is refunded.

In the event of a refund of a material dollar amount or conduct demonstrating a consistent or frequent failure to comply with documentation requirements to support the charges billed to third parties:

C. 1. The TUMG Compliance Officer in conjunction with the Office of General Counsel will investigate the facts, including the provider's documentation in medical records and charges, participation in pertinent educational programs, and relevant third party and government billing guidelines then present its findings to the Dean, Departmental Chair, and CEO of TUMG regarding whether the provider knowingly acted with deliberate ignorance or reckless disregard for the truth or falsity of the documentation to support a claim or knowingly and deliberately failed to provide required documentation when such documentation could have been provided and was clearly available to support the claim.

2. The Department Chair, in consultation with the TUMG Board Chair, TUMG CEO, and TUMG Compliance Officer, shall review the findings of the Clinical Compliance Committee and will determine the corrective action and remedial education and training plan subject to approval by the Dean, including:

a. Reduction in salary or distribution of excess earnings to cover the amount of any refund made to third parties,

b. Suspension of privileges, or other disciplinary action, or

c. Possible termination.

3. If the Dean disapproves the Department chairman's corrective action and remedial education and training plan, he will specify the changes to the action and plan that would be approved, and these will provide the basis for further action by the Department Chairman.

5. Compliance Review

5.01. Internal Review

The Compliance Officer, in consultation with the Clinical Compliance Committee and The Office of the General Counsel, will periodically review TUMG's compliance with state and federal regulatory requirements and TUMG policies and procedures. The Compliance

Officer will report any significant findings to the Clinical Compliance Committee, the TUMG Board and University Governance, Risk and Compliance Executive Council (GRCEC). TUMG also routinely reviews financial relationships between TUMG and its members, vendors, contractors, or agents.

5.02. External Review

TUMG will consider retaining independent audits of selected areas of compliance. Any such audit will be performed as an adjunct to legal advice and will be maintained in a confidential manner.

PART III - SELECTED RISK AREAS

Please direct any compliance questions or concerns regarding the following matters to the Compliance Officer, members of the Clinical Compliance Operations Committee or the General Counsel's Office. To the extent possible, questions concerning the propriety of a course of action, or the correct application of a stated policy should be communicated promptly to one's supervisor before taking additional action.

Penalties for failure to comply with certain laws mentioned below include civil monetary penalties, criminal penalties and suspension from participation in Medicare, Medicaid, or other federal health care programs.

1. Coding, Billing and Claims

When claiming payment for professional services, the TUMG workforce have an obligation to patients, third party payors including managed care plans, and the state and federal governments, to exercise diligence, care, and integrity. TUMG is committed to maintaining the accuracy of every claim it processes and submits. All of the data elements that must be included in submissions for reimbursement from Medicare, Medicaid, and other federal health care programs must be accurate. In addition, TUMG must comply with federal and state antitrust laws when negotiating payment rates with third party payors.

Federal law defines a "false claim" as knowingly presenting false or fraudulent claims for payment or making or using a false record or statement to receive payment for a claim. "Knowingly" under this law includes acting with deliberate ignorance or reckless disregard for the truth or falsity of the information in the claim. Louisiana law defines a "false or fraudulent claim" as a claim that a health care provider (or his agent) submits knowing the claim to be false, fictitious, untrue, or misleading in regard to any material information. Examples of false claims include:

- Billing for services not rendered
- Falsifying certificates of medical necessity
- Falsifying medical records

- Filing duplicate claims
- “Upcoding” to more complex procedures than were actually preformed
- Falsely indicating that a particular health care professional attended a procedure
- Unbundling groups of tests or procedures
- Billing for services that are provided on the basis of a prohibited referral
- Billing excessive charges
- Failure to designate site of service

2. Reasonable and Necessary Services

Medicare and other government health benefit programs condition payment for many services on the treating physician’s certification that he or she has reviewed the patient’s condition and has determined that the service is reasonable and necessary. Medicare primarily relies on the professional judgment of the treating physician, so it is important that physicians provide complete and accurate information on any certifications they sign. Physician certification is obtained through a variety of forms, including prescriptions, orders, and Certificates of Medical Necessity (“CMNs”). By signing a CMN, a physician makes several representations, including: (1) he or she is the patient’s treating physician; (2) the entire CMN was completed prior to the physician’s signature; and (3) information relating to whether the service is reasonable and necessary is true, accurate, and complete to the best of the physician’s knowledge. Physicians who sign CMNs either knowing they are false or disregarding whether they are true or false may be subjecting themselves and/or TUMG to criminal, civil and administrative penalties. Activities such as signing blank CMNs, signing a CMN without seeing the patient, or signing a CMN for a service that the physician knows is not reasonable and necessary are not permitted.

3. Record-Keeping and Retention

TUMG maintains and retains numerous different types of records concerning nearly every aspect of TUMG’s operations. Particularly important is the proper maintenance of records concerning patient treatment. Proper record-keeping is necessary not only to comply with state and federal law and to permit proper reimbursement of services, but also to ensure proper medical treatment for patients of TUMG in the future. Education and training records (such as initial and annual FWA, HIPAA, False Claims education) are maintained for a period of ten (10) years.

Each TUMG physician and clinician must comply with the following Louisiana rules related to record-keeping in order to maintain and renew his or her license to practice medicine. Each physician must maintain patient records in their original form for a period of ten (10) years from the date of last treatment. And each physician must document, as appropriate, the evaluation and treatment of the patient. For TUMG operated clinics or programs, TUMG must maintain patient records in their original form for a period of ten (10) years from the date of last treatment. Medicare, Medicaid and third-party payors may impose longer record retention requirements as a condition of physician participation.

4. Documentation

A key factor in accurate billing is the proper (i.e., accurate, timely, and complete) documentation of medical records. In general, all TUMG medical records must document the medical necessity of services rendered. Specifically, TUMG medical records must meet the following criteria:

- Record is complete and legible.
- Record documents each patient encounter, including: the reason for the encounter; any relevant history; physical examination findings; prior diagnostic test results; assessment, clinical impression, or diagnosis; plan of care; date; and legible identity of the observer.
- Record includes a statement of the rationale for ordering diagnostic and other ancillary services, unless such rationale easily can be inferred by an independent reviewer or third party with appropriate medical training.
- Record identifies appropriate health risk factors, the patient's progress, his or her response to, and any changes in, treatment, and any revision in diagnosis; and
- Record supports CPT and ICD 10 CM codes used for claims submission.
- The Provider rendering the service must complete and sign the medical record entries timely.
- The Provider must never use a Personal Identification Number (PIN) and password that is not the Providers in accessing any medical record or any electronic system which accesses PHI or is used for clinical services.
- Handwritten and electronic signatures are acceptable in accordance with CMS guidelines. The Provider's Password protected access is required for all electronic signatures. System access passwords must not be shared with any other person in accordance with Tulane University policy. Tulane University Password Management Policy (Section 164.308(a)(5), # TS-15).
- Charge entry documents (super bills, cards, electronic charge capture, etc.) must be signed by the Provider. Electronic signatures must meet the Tulane University Security Policies as noted above -Tulane University Password Management Policy (Section 164.308(a)(5), # TS-15).
- Any member of the TUMG workforce who become aware of any billing problems should report the matter to their supervisor or the Compliance Officer immediately.

5. Patient Referrals/Payments, Discounts and Gifts

5.01. Patient Referrals

TUMG's policy with respect to patient referrals is that patients, or their legal representatives, are free to select their health care providers and suppliers subject to the requirements of their health insurance plans. The choice of a provider, diagnostic facility, or supplier should be made by the patient, with guidance from his or her physician as to which providers are qualified and medically appropriate.

TUMG recognizes that TUMG physicians may have financial relationships with health care entities that may be in a position to generate referrals to TUMG. These financial relationships may include compensation for administrative or management services, income guarantees, loans of certain types, or free or subsidized administrative services. In some cases, a physician may have invested as a part-owner in a piece of diagnostic equipment or a health care facility. These sorts of financial relationships raise issues under federal and state laws, including the physician self-referral laws and anti-kickback laws and also issues related to conflict of interest.

Due to the complexities involved, all compensation arrangements with outside entities must be reviewed and approved in accordance with the TUMG contracting guidelines for professional services and the University's Conflict Policy (<https://counsel.tulane.edu/node/2460>).

5.02. Prohibition Against Payment for Referrals

Federal law makes it illegal for TUMG to provide or accept "remuneration" (in other words, anything of value) in exchange for referrals of patients covered by federal health care programs, which include Medicare and Medicaid. Federal and state fraud and abuse laws prohibit TUMG and its representatives from knowingly and willfully soliciting, receiving, offering or paying, any remuneration, directly or indirectly, in return for the referral of patients or other business that may be reimbursed by a third-party payor. The law also bars paying or receiving remuneration in return for purchasing, leasing, ordering, arranging for, or recommending purchasing, leasing, or ordering of any goods, facilities, services, or items for which payment may be made under Medicare or Medicaid.

5.03. Entertainment and Gifts

(a) *Persons in a Referral Relationship*

TUMG physicians, clinicians and workforce members may not receive any gift under circumstances that could be reasonably interpreted as having been given to influence decisions or actions. The principle underlying this policy is that decisions or actions of health care providers should not be influenced by gifts or entertainment.

Whenever TUMG physicians, clinicians and workforce members are not sure whether a gift is prohibited by this policy, the gift must be discussed with the Department Chair, Compliance Officer or the Office of the General Counsel prior to its being given or upon its receipt.

Due to the complexities involved, all compensation arrangements with outside entities must be reviewed and approved in accordance with the TUMG contracting guidelines for professional services and the University's Conflict Policy (<https://counsel.tulane.edu/node/2460>).

(b) *Gifts/Grants from Pharmaceutical Companies*

The Office of the Inspector General ("OIG") has specifically cautioned against programs under which drug manufacturers offer grants to physicians for studies of prescription products when the studies are of questionable scientific value and require little or no scientific pursuit. Payments may generally be considered improper if the payment is made to persons in a position to generate business for the donor company, related to the volume of business generated, is more than nominal in value and/or exceeds the fair market value of any legitimate service provided to the donor company, or is unrelated to any service at all other than the referral of patients. The School of Medicine has adopted a policy regarding interactions of physicians with industry (**POLICY NUMBER: HCC-004**)

6. Confidentiality

Members of the TUMG workforce possess and have access to sensitive, privileged medical information about patients, defined under federal law as Protected Health Information ("PHI"). Patients properly expect that this information will be kept confidential. Employees who have access to PHI must take pains to preserve its confidentiality and integrity. TUMG takes very seriously any violation of a patient's confidentiality.

The Health Insurance Portability and Accountability Act ("HIPAA"), and other federal and state laws, impose standards for privacy and security of PHI and uses and disclosures of patient information including electronic information transfers. TUMG is committed to complying with all of the regulatory requirements imposed by HIPAA. The University has a HIPAA Privacy Program with which the TUMG workforce are responsible for complying. <https://counsel.tulane.edu/upo>. Any violation of this program's requirements will have serious consequences for an employee.

The University's HIPAA Privacy Program applies to all services rendered at TUMG clinics. TUMG is the owner of the medical record at such clinics. However, medical records for TUMG services in non-University facilities where TUMG physicians see patients, such as EJGH, are owned by those facilities and maintained in accordance with the policies and procedures of those facilities.

7. Investments in Health Care Entities

Joint ventures between TUMG physicians and other health care providers, or an investment by a TUMG physician in another health care entity may give rise to a financial relationship implicating the Stark and anti-kickback statutes discussed above and issues related to conflict of interest. When physicians invest in health care entities to which they can direct business, there is a concern that the physician-investor's clinical judgment will be improperly affected by his or her wish to increase the return on his or her investment. In addition, if you have any questions related to Stark or the anti-kickback statutes, you should contact The Office of the General Counsel. If you have questions relating to Conflict of Interest, you should contact the Administrative Compliance Specialist of the Conflict of Interest Committee at coi@tulane.edu.

8. Maintaining Tax-Exempt Status

As part of the University, TUMG benefits from the University's tax exemption under section 501(c)(3) of the Internal Revenue Code. That is, TUMG is exempt from paying federal income tax on most of its revenue. As an exempt organization, TUMG is permitted to accept tax-deductible charitable contributions. Loss of TUMG's exempt status would result in substantial penalties, interest, and the inability to receive tax-deductible charitable contributions.

TUMG is dedicated to its charitable purposes and therefore all contracts and agreements must be negotiated at arm's length. Compensation provided to health professionals for recruitment, retention, employment, and personal services must be reasonable in the context of the services provided and the need for them. Reasonableness must be analyzed based on overall compensation and benefits. Areas of particular concern are below-market rents, compensation tied to TUMG or department revenues, income guarantees (especially where there is no obligation to repay), below-market loans, and loan guarantees.

9. Conflicts of Interest

The University's Conflicts Policy provides guidelines and mechanisms for dealing with potential, actual or perceived conflicts of commitment and interest to ensure that the University and Faculty and Workforce conduct academic and administrative activities in a fair and unbiased manner.

The TUMG workforce are subject to the Conflict of Interest Policies of the University which may be found in the Faculty and Staff Handbooks.

<https://provost.tulane.edu/policies/faculty-handbook>

<https://hr.tulane.edu/employeerelations/handbookhttps://counsel.tulane.edu/compliance/program-elements>

10. Controlled Substances

Certain licensed practitioners employed by TUMG are registered to purchase, acquire, and dispense narcotics and other controlled substances. Improper use of these substances is illegal and extremely dangerous. TUMG requires that its workforce comply with the federal and state laws regulating controlled substances.

Access to controlled substances is limited to persons who are properly licensed and who have express authority to handle them. No health care practitioner may dispense controlled substances except in conformity with state and federal laws and the terms of the practitioner's license. Unauthorized manufacture, distribution, use, or possession of controlled substances by the TUMG workforce is strictly prohibited. Any member of the TUMG workforce who knows of unauthorized handling of controlled substances should provide the information immediately to his or her supervisor or the Compliance Officer.

11. Outside Expert Consultation Services

Each TUMG physician who provides expert testimony must ensure that s/he handles all medical or confidential records in the following way. Prior to releasing the results of their direct medical examination or review of records (except for in a worker's compensation proceeding where special rules apply), each TUMG physician must ensure that s/he receives either a signed HIPAA authorization form from the patient or the patient's lawyer or an order from a court or administrative tribunal.

Additionally, each TUMG physician must maintain any medical records obtained in connection with providing outside expert consultation services in the manner described in Section 6 above (Confidentiality).

PART IV - NON-PHYSICIAN INDEPENDENT CONTRACTORS & VENDORS

TUMG purchases goods and services from many consultants, independent contractors, and vendors. TUMG's policy is that all contractors and vendors who provide items or services to TUMG must comply with all applicable laws and TUMG policies. Each consultant, vendor, contractor, or other agent furnishing items or services worth at least \$5,000 per year should be given a copy of this Policy Manual and should provide a written certification included in Appendix 5 that he or she is aware of and will comply with TUMG's health care compliance policies and procedures. Contractors should bring any questions or concerns about TUMG or their own operations to the Compliance Officer or the Office of the General Counsel.

PART V - RESPONSE TO INVESTIGATIONS

State and federal agencies have broad legal authority to investigate TUMG and to review its records. TUMG will comply with subpoenas and cooperate with governmental investigations to the full extent required by law. The Office of the General Counsel, in consultation with the Compliance Officer, is responsible for coordinating TUMG's response to investigations and the release of any information.

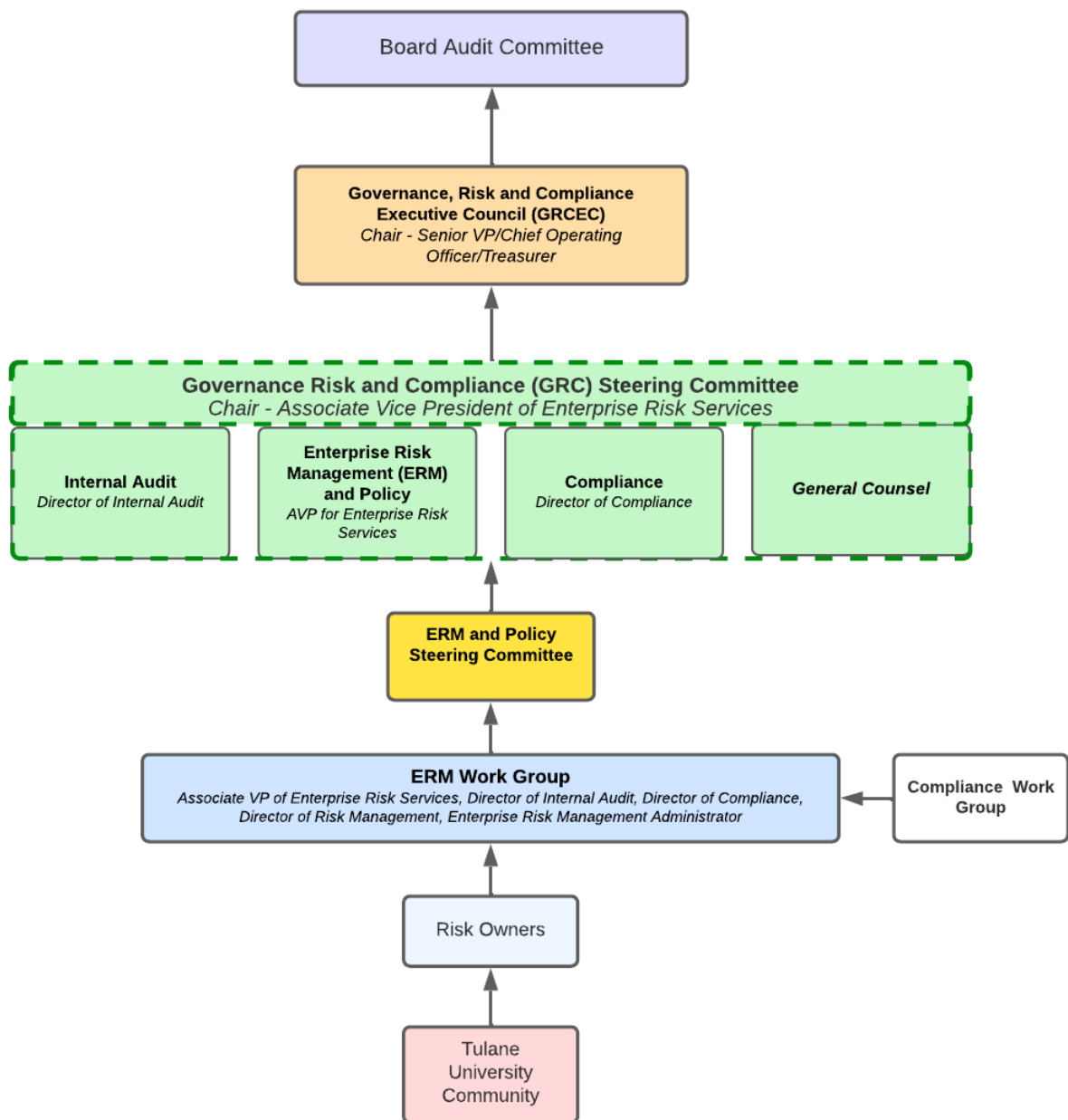
If a TUMG department, or member of the workforce receives an investigative demand, subpoena, or search warrant involving TUMG, it should be brought immediately to the Compliance Officer or the Office of the General Counsel. Do not release or copy any documents without authorization from the Compliance Officer or the Office of the General Counsel. If an investigator, agent, or government auditor comes to TUMG, contact the Office of the General Counsel and the Compliance Officer immediately. Ask the investigator to wait until the Compliance Officer or his designee arrives before reviewing any documents or conducting any interviews. The Compliance Officer, his designee, or the Office of the General Counsel is responsible for assisting with any interviews, and TUMG will provide counsel to employees, where appropriate. If a member of the TUMG workforce is approached by government investigators and agents, he or she has the right to insist on being interviewed only at TUMG, during business hours and with counsel present.

In the event of an investigation, TUMG workforce are not permitted to alter, remove, or destroy documents or records of TUMG. This includes email, paper, tape, computer, phones, and other electronic records.

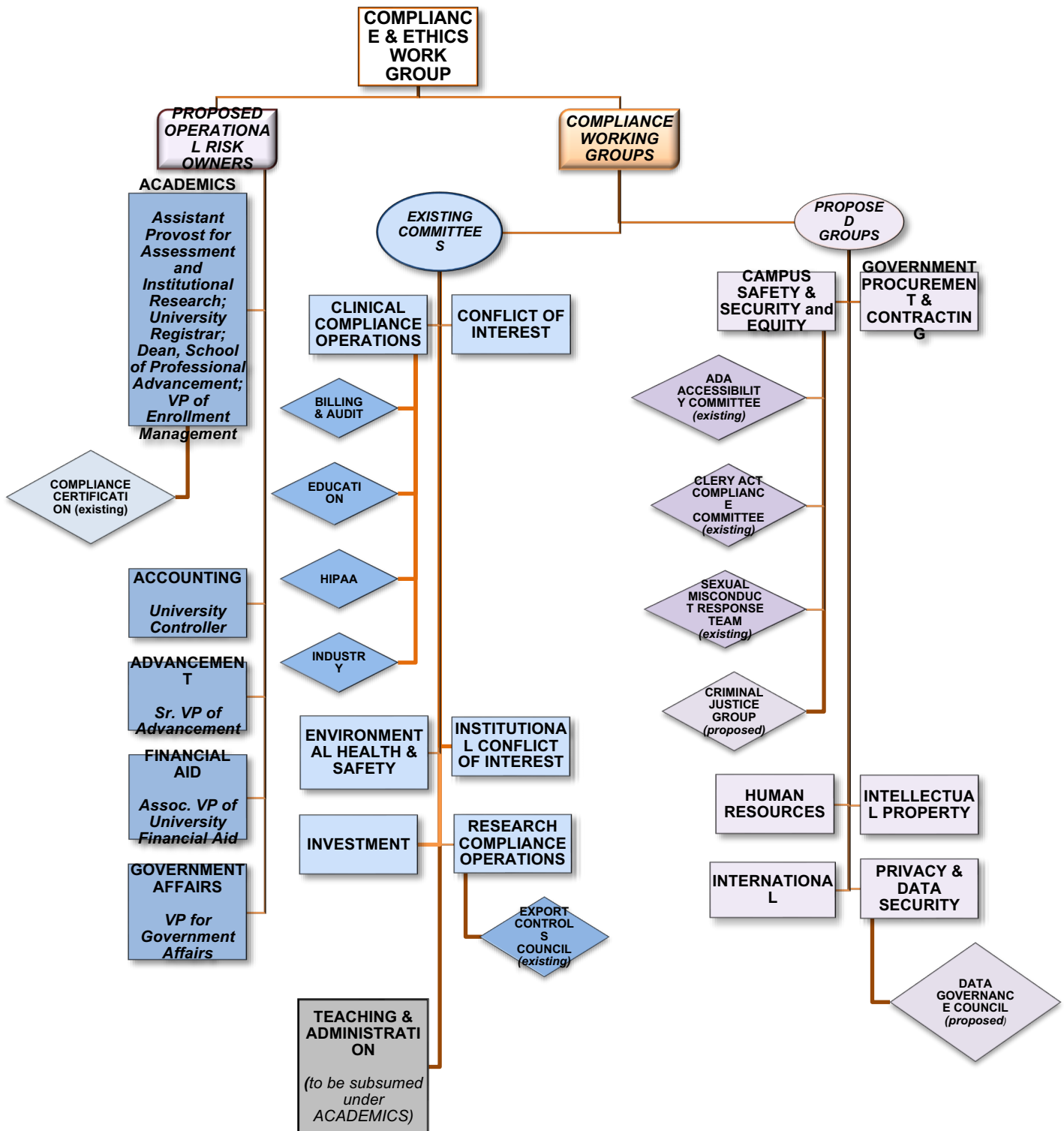
PART VI - APPENDICES

1. University Compliance Program Structure
2. List of Key Compliance Contacts
3. Billing Provider Verification Certificate
4. Non-Billing Employee or Non-Billing Provider Verification Certificate
5. Contractor/Vendor Verification Certificate

Appendix 1 Compliance Structure



Updated 3/16/22



Appendix 2

List of Key Compliance Contacts

Chairman of the Clinical Compliance Committee	Geraldine Menard, MD	gmenard@tulane.edu	504-988-1941
TUMG Compliance Officer	Deena Patcheco	dpatchec@tulane.edu	504-988-1778
Counsel to Clinical Compliance Committee	Sarah Hunter	sgorham@tulane.edu	504-988-5297
University Privacy and Data Compliance Officer	Elizabeth Davis	edavis23@tulane.edu	504-988-0500
Chief Information Security Officer (interim)	Robert Tompkins	rtompkins@tulane.edu	504-988-9390
Director of Pharmacy and 340B Compliance	Elizabeth Davis	edavis23@tulane.edu	504-988-0500
Assistant VP Student Affairs-Campus Health & Wellness	Jay Darr	jdarr1@tulane.edu	504-314-2188
Research Compliance Officer	Brian Weimer	bweimer1@tulane.edu	504-988-1147
Director of Compliance and Ethics	Stuart Freedman	sfreedman@tulane.edu	504-988-7703
General Counsel	Howard Boyd	hboyd1@tulane.edu	504-314-7695

Appendix 3

BILLING PROVIDER

(Physician, Nurse Practitioner, Physician Assistant, Clinical Psychologist, Licensed Social Worker, etc.).

CERTIFICATION AND AGREEMENT OF COMPLIANCE

I certify that I have read today The Tulane University Medical Group (“TUMG”) Health Care Compliance Policy Manual and fully understand the requirements set forth in that document. I agree specifically to act in accordance with the policies of TUMG set forth in that document. I understand that I will be subject to disciplinary action, including (1) possible reduction in salary or distribution of excess earnings to cover the amount of any refund to third parties, (2) suspension of privileges or other disciplinary action and (3) possible termination, if I violate those policies, fail to provide proper documentation to support the payment of claims or fail to report material violations of these policies consistent with the procedures and standards set forth in the Policy Manual.

Signed: _____

Print Name: _____

Department: _____

Date: _____

Appendix 4

NON-BILLING EMPLOYEE or NON-BILLING PROVIDER (TUMG Business Services, Departmental, and SOM Non-Provider Workforce)

CERTIFICATION AND AGREEMENT OF COMPLIANCE

I certify that I have read today The Tulane University Medical Group (“TUMG”) Health Care Compliance Policy Manual and fully understand the requirements set forth in that document. I agree specifically to act in accordance with the policies of TUMG set forth in that document, and I understand that I will be subject to disciplinary action, including possible termination, if I violate those policies or fail to report material violations of these policies consistent with the procedures and standards set forth in the Policy Manual.

Signed: _____

Print Name: _____

Department: _____

Date: _____

Appendix 5

CONTRACTOR

CERTIFICATION AND AGREEMENT OF COMPLIANCE

I hereby certify that I am a duly authorized officer of the consultant, independent contractor, vendor, or other agent named below (“Contractor”). On behalf of Contractor and its officers, directors, employees, and agents, I certify that I have received and read the Health Care Compliance Policy Manual (the “Policy Manual”) of the Tulane University Medical Group (“TUMG”) and fully understand the requirements set forth in that document. I certify that Contractor shall act in full accordance with all rules and policies of TUMG.

These rules and policies include TUMG’s commitment to comply with all applicable federal and state laws, and TUMG’s commitment to conduct its business in compliance with the highest ethical standards. To this end, Contractor expressly agrees that the Policy Manual shall be incorporated within and made a part of Contractor’s agreement with TUMG and shall survive termination of that agreement for any reason. Any failure of Contractor to comply with the rules and policies set forth in the Policy Manual, or to report violations of these rules and policies, may result in immediate termination by TUMG of its agreement with Contractor.

Name of Contractor _____

Signed: _____

Department: _____

Date: _____