



UW Health Compliance Committee

May 7, 2020, 5:00 - 6:30 PM

Via WebEx: <https://uwhealth.webex.com/uwhealth/onstage/g.php?MTID=e18e2320733723f189d912b65878e3bad>

Meeting number: 197 801 181 // Password: uwhcc

Telephone: 1-415-655-0003 // Access code: 197 801 181

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UW Health Compliance Committee - May 7, 2020 - PUBLIC MEETING NOTICE

Agenda

5:00 PM	<hr/> I. Call to Order Mr. Troy Lepien		
5:00 PM	<hr/> II. Meeting Minutes - Open Session Mr. Troy Lepien	Approval	
	Attachment - Open Session Minutes from February 6, 2020		Page 3
5:02 PM	<hr/> III. Policy Updates - PHI to Media and Notice of Privacy Practices Ms. Gabrielle Jensen	Update	
5:04 PM	<hr/> IV. UW Health Compliance Dashboard Report Mr. Troy Lepien	Report/Discussion	
	Attachment - UW Health Compliance Dashboard		Page 6
5:14 PM	<hr/> V. UW Health Compliance Plan Review Mr. Troy Lepien	Approval	
	Attachment - UW Health Compliance Plan		Page 11
5:20 PM	<hr/> VI. Closed Session (Materials Available To Members Only) Motion to enter into closed session pursuant to Wisconsin Statutes section 19.85(1)(e) for the discussion of confidential strategic matters which for competitive reasons require a closed session: review and approval of closed session minutes; and, pursuant to Wisconsin Statutes section 146.38, for the review and evaluation of health care services, including but not limited to discussion of corporate compliance overview, professional services compliance, research billing compliance, hospital service compliance, and privacy overview; and pursuant to Wisconsin Statutes section 19.85(1)(g) to confer with legal counsel regarding action or potential litigation involving these and other matters.		
6:30 PM	<hr/> VII. Adjourn		

Attachment
Open Session
Minutes
February 6, 2020

UW Health

Minutes of the Compliance Committee Meeting

Open Session

February 6, 2020, 5:00 p.m. – 6:30 p.m.
Room HSLC 4201

A meeting of the UW Health Compliance Committee was held at 750 Highland Avenue, Room 4201, Madison, Wisconsin, pursuant to notice duly given. Acting Committee Chair, Troy Lepien, chaired the meeting, Mary Link served as Secretary of the meeting.

MEMBERS PRESENT:

Abby Abongwa (non-voting) (via phone), Dr. Bartho Caponi, Betsy Clough (non-voting), Dr. Sara Damewood, Kelsie Doty (non-voting) (via phone), Cory Geisler (non-voting), Dr. Charles Heise, Rhonda Hoyer, NP (non-voting) (via phone), Mary Link (non-voting), Teresa Neely (non-voting), Katy Oksuita, Dr. Elizabeth Yun (via phone)

MEMBERS EXCUSED:

Dr. Mark Schiebler, Dr. Christine Seibert, Dr. David Yang

GUEST:

Ron Anderson (via phone)

UW HEALTH STAFF PRESENT:

Gabrielle Jensen, Director Compliance Hospital Services; Troy Lepien, VP Business Integrity/CCO; Nancy Lutz, Program Manager Clinical Research Billing; Gwen Pulvermacher, Compliance Audit Manager; Mary Waldo, Director Compliance Professional Services

1. Call to Order

Mr. Troy Lepien called the duly noticed meeting of the UW Health Compliance Committee to order at 5:04 p.m.

2. Welcome - Ms. Betsy Clough, Interim VP/Chief Human Resources Officer

Mr. Lepien welcomed Ms. Betsy Clough to the Committee. She is filling the seat vacated by Mr. Wayne Frangesch.

3. Meeting Minutes – Open Session

Mr. Lepien requested a motion to approve the UW Health Compliance Committee November 7, 2019 Open Session Minutes.

Upon a motion duly made by Dr. Bartho Caponi, seconded by Dr. Sara Damewood, and unanimously carried, the Open Session Minutes of November 7, 2019, were approved.

4. Notice of Privacy Practices and Minimum Necessary Policies

Ms. Gabrielle Jensen engaged in discussion with the Committee that the Notice of Privacy Practices and Minimum Necessary policies have been approved for the next five years as part of integration.

5. UW Health Business Integrity Organizational Structure

Mr. Lepien reviewed the current Business Integrity organizational structure and how the structure will change based on the request by Ms. Elizabeth Bolt, UW Health Senior Vice President/Chief Operating Officer, to ensure the structure is scalable with additions of the joint ventures.

6. Closed Session

There being no other matters for discussion in open session, Mr. Lepien proposed to take the meeting into closed session pursuant to Wisconsin Statutes section 19.85(1)(e) for the discussion of confidential strategic matters which for competitive reasons require closed session: review and approval of closed session minutes; and, pursuant to Wisconsin Statutes section 146.38, for the review and evaluation of health care services, including but not limited to discussion of the corporate, joint venture and subsidiary overview, professional services compliance, research billing compliance, and privacy overview; and pursuant to Wisconsin Statutes section 19.85(1)(g) to confer with legal counsel regarding action or potential litigation involving these and other matters.

Dr. Caponi moved to go into closed session; Dr. Damewood seconded the motion; and there was a unanimous roll call vote approving entering into closed session.

The following members voted for the motion: Dr. Bartho Caponi, Dr. Sara Damewood, Dr. Charles Heise, Katy Oksuita, and Dr. Elizabeth Yun.

The meeting adjourned in closed session.

Respectfully Submitted,
Mary Link, Secretary

Attachment

UW Health

Compliance

Dashboard

FY 20 Integrated UW Health Compliance Dashboard

Section and Task	Priority Based Upon Risk	Accountable Division - Person	1st Quarter	2nd Quarter	3rd Quarter			4th Quarter			Comments	Strategic Goal
					Month 1	Month 2	Month 3	Month 1	Month 2	Month 3		
Standards, Policies, and Procedures:												
Update and maintain of the Integrated UW Health Compliance Plan, including review and approval by the Compliance Committee and the Audit Committee. All maternal changes will be forwarded to the University of Wisconsin Hospitals and Clinics Authority (UWHCA) and University of Wisconsin Medical Foundation (UWMF) and UWHCA Board of Directors for review and approval.	NA Complete	Corporate Compliance - Troy Lepien	Drafted & Approved	50%	50%	50%	50%	100%			Schedule for May 28th Meeting Include WTI and SAHS	Financial Performance
Inventory of all privacy related policies to determine gaps and integration opportunities between UWMF, UWHC, UW Madison and Swedish-American Health System (SAHS).	Medium	Privacy - Gabe Jensen	Drafted & Approved	50%	60%	70%	75%				Policies are currently being reviewed and updated	Research and Innovation
Inventory of all compliance related policies to determine gaps and integration opportunities between UWMF, UWHC, UW Madison and Swedish-American Health System (SAHS).	Low	Corporate Compliance - Mary Waldo	Drafted & Approved	50%	60%	75%	75%				Preliminary list of policies collected at UWH and SAHS.	Research and Innovation
Creation of a single customized Notice of Privacy Practices for UW Health, its joint ventures, and potentially Swedish American if possible.	Medium	Privacy - Gabe Jensen	Drafted & Approved	70%	70%	75%	75%				Policy sent for final approval NPP document currently being reviewed by legal	Research and Innovation
Draft and implement an integrated Record Retention Policy.	Low	Corporate Compliance - Mary Waldo	Drafted & Approved	80%	80%	80%	80%				Drafted and under review. Add'l info and edits pushing back completion timeline.	Quality and Safety
Draft and implement an integrated Media Capture Policy.	Low	Privacy - Troy Lepien	Drafted & Approved	80%	80%	80%	80%				Drafted and under review. Next Meeting March 17th	Quality and Safety
Draft and implement Protected Health Information in Electronic Communication.	Low	Privacy - Troy Lepien	Drafted & Approved	25%	25%	25%	25%				Draft of Tools Policy has not been started	Quality and Safety
Draft and implement a Treatment of Self and Family Members Policy.	Low	Corporate Compliance - Troy Lepien	Drafted & Approved	70%	70%	70%	70%				Drafted and under review. Opioid Language needs to be added.	Quality and Safety
Draft and implement an Integrated Investigations Policy.	Low	Corporate Compliance - Mary Waldo	Drafted & Approved								Starting in April	Quality and Safety
Draft and implement an integrated OIG Exclusion Check Policy	NA Complete	Corporate Compliance - Mary Waldo	Added To Work Plan	90%	100%	100%	100%				Policy Approved	Quality and Safety
Draft and implement a Gift and Trust Distribution Policy	Low	Corporate Compliance - Troy Lepien	Drafted & Approved		25%	25%	25%				Meeting Scheduled for January 17th; Legal review of guidelines for gifting to Beneficiaries	Quality and Safety
Review current UW Health Gift and Conflict of Interest Policies and determine if they should be integrated similar to the Providers Interaction with Industry Policy.	Low	Corporate Compliance - Troy Lepien	Drafted & Approved		25%	50%	50%				Gift Policy will be Employee gifts from UW Health, Gifts from Vendors will be included in the COI Staff Policy and will mirror the new IIRC Policy	Quality and Safety
Compliance Program Administration:												
Drafting of Annual Report to be reviewed and approved by the Compliance Committee and presented to the Audit Committee and the UWHCA and UWMF Board of Directors		Corporate Compliance - Troy Lepien	Drafted & Approved	50%	50%	50%	50%				On Schedule	Financial Performance
Review of all subsidiary and joint venture's compliance programs to ensure their effectiveness including professional service, hospital compliance, conflict of interest, exclusion checks, and exit survey issues.	NA Complete	Corporate Compliance - Troy Lepien	Drafted & Approved	50%	100%	100%	100%				Evaluation has been completed and formal plan is being drafted for Feb Compliance and Audit Committee Meetings	Research and Innovation

Section and Task	Priority Based Upon Risk	Accountable Division - Person	1st Quarter	2nd Quarter	3rd Quarter			4th Quarter			Comments	Strategic Goal
					Month 1	Month 2	Month 3	Month 1	Month 2	Month 3		
Standards, Policies, and Procedures:												
Evaluation and approval to integrate Swedish American Health System Compliance Program into the UW Health Compliance Program.	NA Complete	Corporate Compliance - Troy Lepien	Drafted & Approved	25%	75%	100%	100%				Approval by SAHS Compliance and Audit Committee Dec. Meetings with Leadership, Medical Staff, and staff ongoing. Board Approval Feb 23rd.	Research and Innovation
Evaluation and approval to integrate Chartwell Compliance Program into the UW Health Compliance Program.	NA Complete	Corporate Compliance - Troy Lepien	Drafted & Approved	25%	50%	75%	100%				Meeting with Leadership on Jan 17th meeting with BOD Jan 21st. Approved. Working on integration of Education and auditing & monitoring.	Research and Innovation
Creation of a new quarterly Enterprise Risk Management process to evaluate various risk to UW Health and appropriately assign auditing and monitoring of the potential risk.	High	Corporate Compliance - Troy Lepien	Drafted & Approved	25%	50%	75%	100%				Introductory emails have been sent out to identified participants. Charter creation meeting has been scheduled end of Feb. with co-chairs.	Financial Performance
Review of the staffing of the Business Integrity Office to include a specific review of the Hospital Compliance function.	Low	Corporate Compliance - Troy Lepien	Drafted & Approved	50%	75%	75%	75%				Initial meetings completed with staff to evaluate compliance program, function, and structure. Follow up meeting completed addition discussion regarding SAHS integration and	Staff and Physician Wellbeing
Screening and Evaluation of Employees, Physicians, Vendors, and Other Agents:												
Continue to monitor the current processes and frequency for exclusion screening for Board of Directors, employees, providers, and volunteers.	NA Complete	Corporate Compliance - Mary Waldo	Drafted & Approved	100%	100%	100%	100%				Monitoring monthly	Quality and Safety
Transition the current process for providers' interactions with industry to the Business Integrity Office.	Medium	Corporate Compliance - Troy Lepien	Drafted & Approved	50%	50%	50%	50%				Draft of a current policy, but need leaderships agreement	Financial Performance
Work with Convey to create an electronic process for collecting COI forms	High	Corporate Compliance - Mary Waldo		50%	75%	85%	85%				Initial meetings complete, testing system. Plan to pilot system in Q4 with the APP group.	Financial Performance
Complete a front-end process to perform exclusion checks for outside provider orders.	Low	Corporate Compliance - Mary Waldo	Drafted & Approved	50%	50%	75%	75%				BI performing monthly checks on an interim basis. Reviewing process and determining ownership.	Financial Performance
Continue surveying high-risk business associates and evaluating their compliance with privacy and security requirements.	NA Complete	Corporate Compliance - Mary Waldo	Drafted & Approved	100%	100%	100%	100%				Completed for FY20	Financial Performance
Communication, Education, and Training on Compliance Issues:												
Work with Learning and Development staff to determine if a pretest can be implemented for any compliance modules.	Low	Corporate Compliance - Troy Lepien	Drafted & Approved		25%	25%	25%				First meeting complete.	Staff and Physician Wellbeing
Complete an assessment of SAHS educational program and determine where integration can be completed.	Medium	Corporate Compliance - Troy Lepien	Drafted & Approved		25%	25%	50%				Assessment has begun. First BOD education will be completed in Feb	Research and Innovation

Section and Task	Priority Based Upon Risk	Accountable Division - Person	1st Quarter	2nd Quarter	3rd Quarter			4th Quarter			Comments	Strategic Goal
					Month 1	Month 2	Month 3	Month 1	Month 2	Month 3		
Standards, Policies, and Procedures:												
Complete annual compliance training for all employees and the Board of Directors.	NA Complete	Corporate Compliance - Troy Lepien	Drafted & Approved	50%	75%	75%	100%				All Employees and Physicians completed except non-employees and employees on leave . UWHCA BOD completed in January UWMF BOD March.	Financial Performance
Complete New Employee and Provider Orientations.	High	Corporate Compliance - Troy Lepien	Drafted & Approved	50%	60%	70%	75%				On schedule	Financial Performance
Research Billing Compliance Office to hold quarterly education sessions for the Revenue Cycle staff regarding work flow and charge capture issues.	NA Complete	Research Billing Compliance - Nancy Lutz	Drafted & Approved	100%	100%	100%	100%				Weekly huddle sessions with Rev Cycle have been implementd rather than quarterly education.	Financial Performance
Individual physician and department education regarding professional documentation, coding, and billing standards.	High	Professional Service Compliance - Mary Waldo	Drafted & Approved	37%	48%	58%	69%				199 New providers/coders and 68 Department Education	Financial Performance
Review current privacy issues and complete at least six proactive department privacy sessions.	NA Complete	Privacy - Gabe Jensen	Drafted & Approved	100%	100%	100%	100%				Completed 7 HIPAA 101 and have scheduled 8 key departments for a HIPAA Walk thru	Financial Performance
Publish six Dispatch articles to further educate coding, billing and privacy topics.	Low	Privacy - Gabe Jensen Professional Services - Mary Waldo	Drafted & Approved	50%	67%	67%	83%				5 Completed Dispatch Articles	Financial Performance
Monitoring, Auditing, and Internal Reporting Systems:												
Systemic Annual Audits	High	Professional Service Compliance - Mary Waldo	Drafted & Approved	39%	48%	56%	70%				805 Provider Audits, 99 Coder Audits	Financial Performance
Focused Issue Audits	High	Professional Service Compliance - Mary Waldo Hospital Service Compliance - Gabe Jensen	Drafted & Approved	63%	70%	73%	75%				Professional services completed 46 audits, Hospital Services completed 8 audits	Financial Performance
Research Billing Compliance Audits	High	Research Billing Compliance - Nancy Lutz	Drafted & Approved	40%	60%	60%	60%				3 audits completed	Financial Performance
Compliance Analyst Reviews	NA Complete	Professional Service Compliance - Mary Waldo	Drafted & Approved	75%	75%	75%	100%				8 Analysts reviewed by UASI	Financial Performance
Ensure patient and OCR notifications are timely	High	Privacy- Gabe Jensen	Drafted & Approved	50%	75%	75%	75%				All patients were notified within the 60 day timeframe (see graph)	Financial Performance
Discipline for Non-Compliance:												
Continue quarterly meetings with Department of Human Resources reviewing disciplinary action for compliance issues and consistent discipline action.		Corporate Compliance - Troy Lepien	Drafted & Approved	50%	50%	60%					On Schedule Both Quarterly meetings completed. Data scheduled to be completed by April 5th, 2020	Financial Performance

Section and Task	Priority Based Upon Risk	Accountable Division - Person	1st Quarter	2nd Quarter	3rd Quarter			4th Quarter			Comments	Strategic Goal	
					Month 1	Month 2	Month 3	Month 1	Month 2	Month 3			
Standards, Policies, and Procedures:													
Work with Department of Human Resources to review promotion of staff and how non-compliance is evaluated into this process.	Medium	Corporate Compliance - Troy Lepien	Drafted & Approved			25%	50%	50%				Meeting is scheduled with HR Met with HR and incorporating compliance into Connection Chats both asking questions about issues of non-compliance and if the EE is not in good standing regarding compliance will not be promoted.	Financial Performance
Investigation and Remedial Measures:													
Drafting and implementing an integrated Investigations Policy. This is also listed in the Standards Policies, and Procedures section of this document.	Low	Corporate Compliance - Mary Waldo	Drafted & Approved									Starting in April	Quality and Safety
Review of the current log of investigations and evaluation to the appropriate levels of governance and management.	High	Corporate Compliance - Troy Lepien	Drafted & Approved			25%	50%						Quality and Safety

Attachment
UW Health
Compliance Plan



COMPLIANCE PLAN

Updated January 2020

Table of Contents

I. INTRODUCTION	12
II. THE COMPLIANCE PROGRAM STRUCTURE	12
III. MAINTENANCE OF COMPLIANCE PLAN	23
IV. DEVELOPMENT OF COMPLIANCE WORK PLANS & ANNUAL REPORTS	34
V. STANDARDS, POLICIES, AND PROCEDURES	34
V. SCREENING AND EVALUATION OF EMPLOYEES, MEDICAL STAFF, VENDORS, & OTHER AGENTS	45
IX. EDUCATION, AND TRAINING	45
X. MONITORING, AUDITING AND INTERNAL REPORTING	56
XIV. EFFECTIVE LINES OF COMMUNICATION	56
XV. DISCIPLINE FOR NON-COMPLIANCE	67
XVI. INVESTIGATIONS AND REMEDIAL MEASURES	67

I. INTRODUCTION

The Board of Directors of the University of Wisconsin Hospital and Clinics Authority (UWHCA) and the Board of Directors of the University of Wisconsin Medical Foundation (UWMF) have had an ongoing commitment to conducting operations in a manner that promotes quality, efficiency, honesty, integrity, respect and compliance with applicable institutional policies and procedures, laws, regulations, and ethical principles and have established the UW Health Compliance Program (the "Compliance Program"). UW Health recognizes that an effective Compliance Program can prevent problems or detect potential problems early enough to reduce legal risks. In adopting the Compliance Program, both Boards of Directors establishes an ongoing commitment to compliance and the expectation that UW Health employees, medical staff, and agents demonstrate the highest ethical standards in performing their work activities. The Program applies to all activities performed by all UW Health staff members" including medical staff, GME trainees, students, vendors, contractors, employees (including full time, part time, per diem, and temporary employees), agency and traveler staff, volunteers and other staff of UW Health. All staff members are obligated to incorporate elements of the Compliance Program, including the *Code of Conduct* into their daily performance. In addition, this Compliance Program applies to all joint ventures and wholly owned subsidiaries including, but not limited to Generations Fertility Care, InnTowner, LLC., Madison Surgery Center, Transformations Surgery Center, ~~UW Cancer Center Johnson Creek, Wisconsin Dialysis Center,~~ Wisconsin Sleep Center, Wisconsin Therapies Inc., and the UW Health Accountable Care Organization. This Compliance Plan which is structure according to the Office of Inspector General (OIG) and the Federal Sentencing guidelines, seven elements of an effective compliance program, and OIG Measuring Compliance Program Effectiveness and provides the Compliance Program the structure and the authority to carry out its duties as described below.

II. THE COMPLIANCE PROGRAM STRUCTURE

UW Health is committed to ensuring that the Compliance Program is developed, implemented, and maintained throughout the organization. It has been and continues to be the intention of UW Health to fully comply with all federal, state, and local laws and regulations in its business of providing quality medical services. The business of healthcare is becoming increasingly regulated, making consistent interpretation and application of the various rules and regulations a challenging endeavor. To meet this challenge the UW Health Compliance Program will include the following elements:

- A. **Directors and Officers:** It is the fiduciary duty of the directors and officers to ensure that the business activities of the company are conducted within lawful bounds and take effective measures to prevent wrongdoing. The Chief Executive Officer of UW Health (CEO) is ultimately responsible for overseeing the Compliance Program and the work of the Compliance Officer and Compliance Committee. The CEO will be informed of significant compliance matters through direct reports of the Compliance Officer when necessary.
- B. **Audit and Compliance Committees:** The UW Health Audit and Compliance Committees are sub-committees of the UWHC Authority Board of Directors. These Committees will provide guidance and oversight for all aspects of the Compliance Program. The Committee's primary duties and responsibilities are to:

1. Review and ensure enforcement of UW Health's internal controls, policies, procedures and programs for maintaining compliance with applicable laws and regulations as well as the UW Health Compliance Plan, and make recommendations for improving same;
 2. Review the Compliance Officer's Bi-Annual Compliance Committee Report to the UWHCA and UWMF Board of Directors, including evaluation of the Compliance Officer;
 3. Review the annual Business Integrity Department Work Plan and the Annual Report;
 4. Review matters that impact UW Health's compliance policies and any reports or concerns raised by internal reviews, regulators or governmental agencies;
 5. Oversee the education, auditing and monitoring initiatives of UW Health's Compliance Program and evaluate results based on predetermined objectives;
 6. Promote standards of ethical behavior within UW Health;
 7. Review through its chair any material compliance issues affecting the organization raised by the Chief Compliance Officer;
 8. Obtain the advice and assistance of outside advisors as needed.
- C. **Chief Compliance Officer:** The Chief Compliance Officer is responsible for the development and implementation of the UW Health Compliance Program. The Chief Compliance Officer reports directly to the Chief Operations Officer (COO) and is supported by the UW Health Audit and Compliance Committees, and Business Integrity staff. This position will carry out the Compliance Committees' initiatives to ensure that commitment to the Compliance Program is communicated and adhered to throughout UW Health System. The Chief Compliance Officer in conjunction with these Committees shall submit to the CEO and COO a quarterly report regarding Compliance Program activities. This report can be provided to the CEO during the quarterly UW Health Audit Committee meetings.
- D. **Physical Location and Contact Information:** The Business Integrity Office is located in the UW Health Administrative Office Building at 7974 UW Health Court, Middleton, Wisconsin, 53562. The UW Health Reporting Line number is (608) 821-4130 or (888) 225-8282 (toll-free). Employees may also submit questions and concerns through the internet at [Compliance Issue Report](https://uconnect.wisc.edu/applications3/emailforms/form.jsp?ef=99) i.e. <https://uconnect.wisc.edu/applications3/emailforms/form.jsp?ef=99>.

III. MAINTENANCE OF COMPLIANCE PLAN

The Compliance Plan is a working, living document. The Compliance Plan contains the structure and purpose of the Business Integrity Program. The UW Health Audit and Compliance Committees have the authority and responsibility to update and revise the Compliance Program, its policies and procedures and all plans and documentation related to the Program from time to time and without notice.

Under the direction of the Compliance Officer, the Compliance Plan and related documents will be reviewed annually and updated as necessary to reflect changes in laws and regulations. Such activities will include, but are not limited to:

- A. reviewing federal and state laws and regulations and their impact on the program,
- B. updating policies and procedures to coincide with laws and regulations,
- C. updating training materials to reflect changes in compliance,

- D. expanding and modifying the Code of Conduct as approved by the Compliance Committees,
- E. updating employee handbooks.

All changes to the Compliance Plan will be reviewed and approved by the UW Health Audit and Compliance Committees prior to implementation. All material changes will be forwarded to the UWHCA and UWMF Board of Directors for review.

IV. DEVELOPMENT OF COMPLIANCE WORK PLANS & ANNUAL REPORTS

The development of an annual Work Plan assists the Business Integrity Office, Compliance Committees, operational areas, and Senior Management in determining the priorities of the compliance activity and ensuring its consistency and support of the organization's goals and objectives. The Work Plan will be presented to the UW Health Audit and Compliance Committees for review and approval. This Work Plan will provide a plan for the new fiscal year that can be scheduled and prioritized.

The Business Integrity Office in conjunction with the Compliance Committees and Senior Management will annually establish a risk-based Work Plan, which will prioritize the activities for the Compliance Program. This process will consider the areas of highest risk including potential external reviews as established by the Office of Inspector General Work Plan, Supplemental Medical Review Contractors, Recovery Audit Contractor Issue List, Fraud and Abuse Alerts, as well as internal or external risk assessments, feedback from employees, denials, and external audit request. This Work Plan will be provided to the UWHCA and UWMF Board of Directors.

At the conclusion of each fiscal year the Business Integrity Office will produce an Annual Report describing the activities of the year and its relationship to the approved Work Plan. This report will be provided to the UW Health Audit and Compliance Committees and the Chief Operating Officer for review. A summary of this report will be provided to the UWHCA and UWMF Board of Directors.

V. STANDARDS, POLICIES, AND PROCEDURES

Policies and procedures are the foundation for the Compliance Program. These documents provide the Business Integrity Office, Senior Management and employees with the expectations of UW Health.

- A. **Code of Conduct:** The Code of Conduct is the fundamental document establishing a culture of compliance. UW Health will create and maintain a Code of Conduct that establishes its commitment to compliance with all federal and state standards; state UW Health's goals related to mission and ethical requirements; and express clear expectation that all members of the workforce, management, governing board, contractors and other agents working on behalf of the organization adhere to the standards.
- B. **Policies and Procedures:** In the *Publication of the OIG Compliance Program Guidance for Hospitals*, the OIG outlines several specific areas where policy developed is necessary. The OIG addresses special areas of concern, including billing for items or

services never provided; providing medically unnecessary items or services; upcoding and Diagnosis Related Group (DRG) creep; unbundling services; duplicate billing; Anti-Kickback Statute; joint ventures; Stark Law and financial arrangements between hospitals and hospital-based physicians; false cost reports. UW Health will create and maintain these policies in adherence with its Administrative Policy Committee and process.

V. SCREENING AND EVALUATION OF EMPLOYEES, MEDICAL STAFF, VENDORS, & OTHER AGENTS

- A. Screening:** To ensure compliance with applicable laws and regulations, UW Health must use due care not to hire or retain individuals whom the organization knows or should know through the exercise of due diligence have a propensity to engage in illegal activities and are ineligible to provide services to the Federal Government. It is UW Health's policy not to hire, promote, or retain these individuals and therefore, UW Health will take measures to develop initial and ongoing screening processes for employees, physicians, vendors, and agents to identify these individuals and take appropriate employment action.
- B. Conflict of Interest:** Every employee at the time of appointment makes a personal commitment to honesty and integrity. Such a commitment is essential for UW Health to perform its proper function in our society and to ensure continued confidence of our patients. It is a violation of this commitment for any employee to seek financial gain for themselves, their immediate families or organizations with which they are associated through activities that conflict with the interests of UW Health. Therefore, UW Health will take measures to develop initial and ongoing processes to train individuals about and collect disclosures of conflicts of interest and appropriate action will be taken.
- C. Exit Surveys:** UW Health will develop employee termination process such as exit interviews, surveys, and/or questionnaires to ensure compliance program questions are incorporated into exit interviews and the exit interviews are reviewed and evaluated.

IX. EDUCATION, AND TRAINING

- A. Annual Compliance Training:** Compliance training sessions will be provided for UW Health's existing employees, medical staff, and agents, including Board of Director members. All personnel will receive Compliance Program training sessions on a regular basis. These sessions will be provided by a combination of in-person sessions as well as modules delivered by computer-based training systems. Training modules will be designed to enforce the organization's commitment to compliance by specifically training employees whose job functions fall within targeted risk areas. The Business Integrity Office will work with the Revenue Cycle Department and other operational areas as needed to ensure a united understanding and interpretation of the regulations for both physicians and coding personnel. A record of participation will be maintained in the Human Resources Office or the Business Integrity Office.
- B. Orientation:** Compliance Program training begins during the New Employee and New Provider Orientation Sessions and includes all employees, medical staff, and agents, including Board of Director members. Each employee will review Compliance Program information including a summary of the Code of Conduct, contact information for the

Business Integrity Office, and the “Compliance Reporting Line” to report suspected potential violations of the Code of Conduct or laws and regulations. New managers will receive additional training regarding how to properly assess compliance issues and the proper process for reporting these concerns.

- C. Newsletter/Department Updates: The Business Integrity Office will continually update employees, medical staff and agents through newsletter and department updates. These updates will contain regulatory changes, reminders, and specialized information.

X. MONITORING, AUDITING AND INTERNAL REPORTING

It will be necessary to regularly assess and evaluate, through audits and other monitoring and measurement processes, whether UW Health is compliant with laws and regulations. The Business Integrity Office will compare current operational functions to be sure they are consistent with the Code of Conduct and corporate policies and procedures.

Audits will be performed on a periodic basis to proactively and retroactively assess adherence to laws and regulations. These audits will include reviews of physicians and advanced practitioners-based services which focus on the documentation, coding, and billing of these services. Additional focused audits will be performed based upon both external risk factors, such as the RAC Issues list, OIG Work Plan, Supplemental Medical Review Contractor, the Office of Civil Rights, and other external resources, as well as, internal risk indicators that are identified on the annual risk assessment. In addition, monitoring processes will be implemented to determine the validity and accuracy of UW Health’s operations and procedures. These same processes will assist in detecting potential areas of employee misconduct or their lack of understanding of laws and regulations or other requirements, including HIPAA, Stark and Anti-Kickback Statue. Lastly, these audits, monitoring, and measurement processes will identify employees, medical staff and agents needing additional training.

XIV. EFFECTIVE LINES OF COMMUNICATION

In order for a compliance program to work properly, employees must be able to ask questions and report problems without fear of retribution, adverse consequences, or retaliation as a result of such reporting. UW Health is committed to handling all inquiries or suspected violations in a confidential and timely manner. Supervisors play an important role in responding to employee concerns and it is appropriate that they serve as the first line of communication. If the employee or/and other persons does not feel comfortable communicating with their immediate supervisor they may report illegal activities, breaches in the Code of Conduct, or any other suspected violation in the following ways:

- A. **Business Integrity Office:** Any person may contact the Business Integrity Office. All reports will be logged and each case will be given a reference case number. The recording system will note the date of the suspected violation, name of reporter if available, and a concise description of the concern. The reporter may remain anonymous. Case numbers will ensure confidentiality and also give the reporting party a reference number to use when checking on the status of a report.
- B. **Reporting Line:** Any person may submit a report by using the toll free reporting line, (888)-225-8282 or (608) 821-4130. These calls will be answered by the Business

Integrity staff that will listen to the caller and collect necessary and relevant data. A caller may remain anonymous if they desire.

- C. Via the Internet:** Any person may submit a compliance issues report via the intranet and remain anonymous. This form can be found at <https://uconnect.wisc.edu/applications3/emailforms/form.jsp?ef=99>

XV. DISCIPLINE FOR NON-COMPLIANCE

An employee who has been determined to have violated the Compliance Program will be subject to appropriate employment action up to and including termination. It is UW Health's policy to demonstrate appropriate and consistent disciplinary measures. Discipline for violations will be determined on a case-by-case basis and will be dependent on the facts and circumstances involved. Once a violation is confirmed, it is important that appropriate actions be taken. These actions can take on many forms dependent upon the individual violation. The Business Integrity Office will review discipline action to ensure that it is consistent and according to pertinent corporate policies and procedures.

XVI. INVESTIGATIONS AND REMEDIAL MEASURES

The Business Integrity Office is responsible for directing the investigation of any suspected violation of the Code of Conduct or applicable laws or regulations. The Business Integrity Office may solicit the assistance of internal or external resources that have knowledge of the specific issue in question.

The Compliance Officer will authorize the investigation which shall begin within a week following the report of the suspected violation. As part of the investigation, an interview will be scheduled with the reporting party if possible or other persons who may have knowledge of the suspected violation. In addition, a review of the applicable laws and regulations and related documentation which might be relevant to the issue will be performed and coordinated with the Legal Department. Lastly, audits may be necessary as a means to gather evidence.

An initial review of the data will determine whether the investigation should continue or be closed. If the initial review concludes that there is sufficient evidence to continue or that additional information is needed, the investigation will proceed. All investigations will be logged within the tracking system and all documentation will be properly filed. For each completed investigation the Business Integrity Office will produce a final report.

If during the course of an investigation, it is determined by the Compliance Officer that the integrity of the investigation may be jeopardized due to the presence of certain employees under investigation; such employees will be removed from their current work activity until the investigation is complete. It is UW Health's intention to respond appropriately and lawfully with respect to its obligation to report violations to governmental agencies and other authorities. After review and evaluation of factual evidence relating to the alleged violation, the Business Integrity Office with the Legal Department will determine if it is appropriate to notify governmental regulatory authorities

