



UW Health Compliance Committee

February 4, 2021, 5:00 PM - 6:30 PM

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Meeting number: inc Wng FWII // Password: cncWni

Telephone: +1-415-655-0003 US TOLL // Access code: inc Wng FWII

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UW Health Compliance Committee - February 4, 2021 - Public Meeting Notice

Agenda

5:00 PM	<hr/> I. Call to Order and Introductions Regent Mike Jones	
5:05 PM	<hr/> II. Meeting Minutes - Open Session Regent Mike Jones (Request approval - Acting Secretary reviewed the minutes and request newly constituted UW Health Compliance Committee to endorse inclusion in the corporate records)	Approval
5:07 PM	<hr/> III. UW Health Compliance Committee Orientation Mr. Troy Lepien	Discussion
	Presentation - UW Health Compliance Committee Orientation	Page 3
	Attachment - UW Health Compliance Committee Charter	Page 15
5:42 PM	<hr/> IV. Closed Session Regent Mike Jones (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, reimbursement compliance overview, research billing compliance overview, pharmacy compliance overview, and privacy compliance overview; and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal counsel regarding these and other matters.	
6:30 PM	<hr/> V. Adjourn	

UW Health Compliance Committee

February 4, 2021



○ External Sources

- Federal Sentencing Guidelines -
<https://www.ussc.gov/guidelines/2015-guidelines-manual/2015-chapter-8> Updates 1991, 2004, 2015
 - ✓ Controls Sentencing of Organizations for Federal Crimes
 - ✓ Sentencing Credit for Effective Compliance Programs
 - ✓ Established Elements of Compliance Program

- Compliance Program Guidance for Hospitals (63 Fed. Reg. 8987; February 23, 1998) Supplement 2005 (Attached)
 - Programs Designed by Size and Need
 - Benefit to Organization & Federal Government
 - Established Program Elements
- OIG and HCCA Measuring Compliance Programs Effectiveness (January 2017)
 - Federal Enforcers and Industry Leaders Looked at Program Elements
 - Provided detail of What to Measure? and How to Measure

○ 7 Elements of an Effective Compliance Program

- 1. Standards, Policies, and Procedures
- 2. Compliance Program Administration
- 3. Screening and Evaluation of Employees, Physicians, Vendors and other Agents
- 4. Communication, Education, and Training on Compliance Issues
- 5. Monitoring, Auditing, and Internal Reporting Systems
- 6. Discipline for Non-Compliance
- 7. Investigations and Remedial Measures

○ Compliance Plan

- Approved by Board Directors
- Creates Compliance Program Structure
- Compliance Committee Responsibilities
 - ✓ Review and Ensure Enforcement of Compliance Program
 - ✓ Review Compliance Office Report to CEO and Board of Directors
 - ✓ Review & Approval of Work Plan & Annual Report
 - ✓ Review of External Investigations
 - ✓ Review Education, Auditing, and Monitoring
 - ✓ Promote Ethical Behavior
 - ✓ Review Material Concerns
 - ✓ Obtain Outside Counsel as Necessary

○ 2021 Compliance Work Plan

- Approved by Compliance Committee Before Board
- Updated Quarterly
- Structured to 7 Elements

○ 2021 Compliance Work Plan

- Standards, Policies, and Procedures
 - ✓ Conflict of Interest Provider, Non-Provider, & Gift Policies
- Compliance Program Administration
 - ✓ On-Boarding of Compliance Committee Chair and Members
- Screening & Evaluation
 - ✓ Interaction with Industry
- Communication, Education, & Training
 - ✓ Pretest
- Auditing & Monitoring
- Discipline for Non-Compliance
- Investigation and Remedial Measures

FY 21 Integrated UW Health Compliance Dashboard

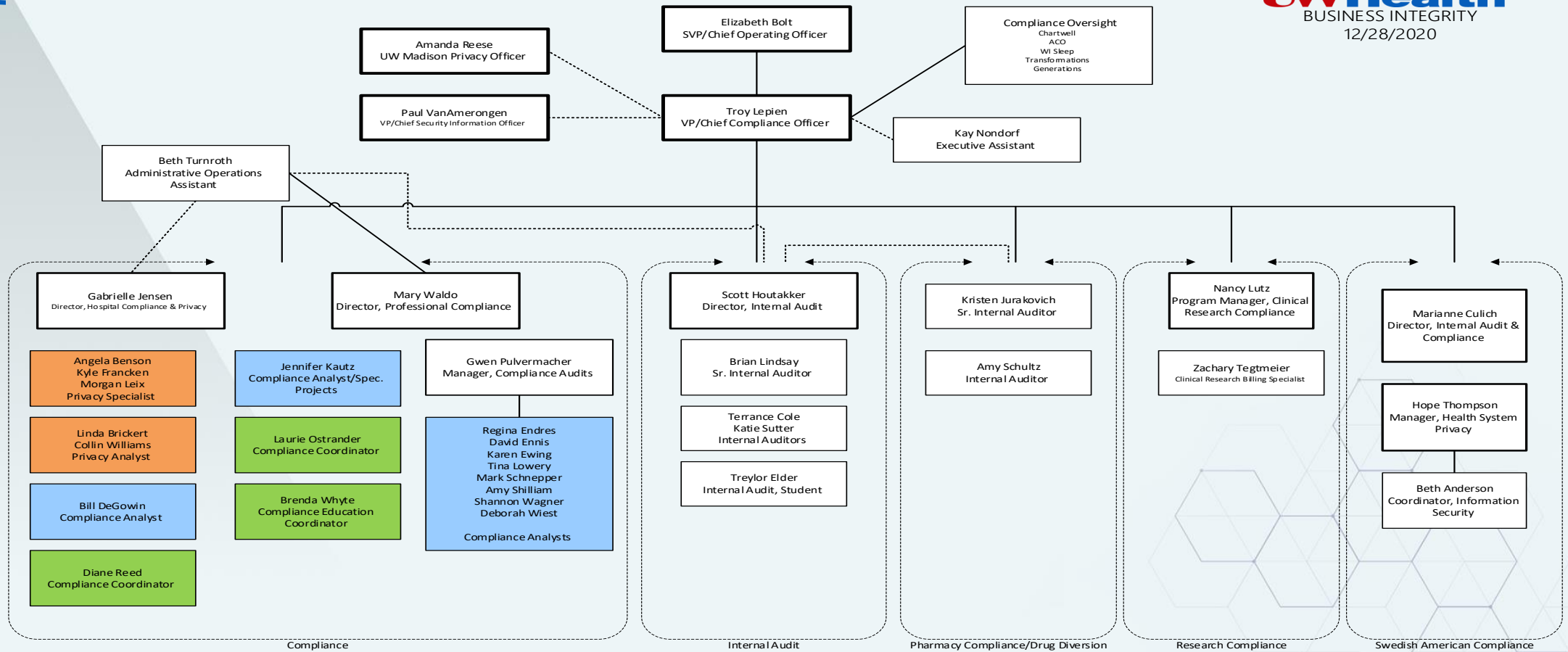
Section and Task	Priority Based Upon Risk	Accountable Division - Person	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter			Comments	Strategic Goal
			Month 1	Month 2	Month 3	Month 1	Month 2	Month 3	Month 1	Month 2	Month 3	Month 1	Month 2	Month 3		
Standards, Policies, and Procedures:																
Update and maintenance of the Integrated UW Health Compliance Plan, including review and approval by the Compliance Committee and the Audit Committee. All material 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.		Troy	0%	0%	0%	0%	0%	0%								Financial Performance
Continued inventory of all privacy related policies to determine gaps and integration opportunities between UWMF, UWHC, UW Madison and Swedish-American.		Gabe	30%	30%	40%	40%	40%	50%							Inventory primarily done, working on integration opportunities	Research and Innovation
Creation of a single customized Notice of Privacy Practices for UW Health, its joint ventures, and potentially Swedish American if possible.		Gabe	25%	25%	50%	60%	70%	80%							Weekly meetings	Research and Innovation
Draft and implement an integrated Record Retention Policy.		Mary	80%	80%	80%	99%	100%	100%							Policy approved in November Work with Physician Leadership to rollout	Quality and Safety
Completion of a draft Media Capture Policy.		Gabe/Troy	40%	60%	80%	85%	90%	90%							Ongoing committee meetings	Quality and Safety
Draft and implement a Treatment of Self and Family Members Policy.		Troy	0%	0%	100%	100%	100%	100%							Implementation date Sept 23, 2020	Quality and Safety
Draft and implement a Providers Interaction with Industry Policy		Troy	30%	30%	40%	50%	70%	70%							Policy has been drafted meeting with leadership about next steps.	Quality and Safety
Draft of staff and Board Members Conflict of Interest Policy to include gifts from vendors.		Troy	30%	30%	40%	50%	70%	70%							Policy has been drafted meeting with leadership about next steps.	Quality and Safety
Price Transparency Regulation		Troy	NA	NA	NA	NA	50%	90%								
Assess departmental policies and determine appropriate oversight		Troy/Mary				0%	0%	0%								Quality and Safety
Compliance Program Administration:																
Draft of Annual Report to be reviewed and approved by the Compliance Committee and presented to UWHCA and UWMF Board of Directors		Troy	NA	NA	NA	NA	NA	NA								Financial Performance
Survey the use of UW Health Reporting Line to ensure staff knowledge of this reporting mechanism and non-retaliation.		Mary & Gabe	0%	0%	0%	0%	0%	0%								Research and Innovation
Expand the current physician and coder audit tracking database.		Mary	20%	20%	20%	20%	20%	20%							Meeting scheduled Jan 2021	Research and Innovation
Integrate the Enterprise Risk Management and the Business Integrity Quarterly Work Plan Process.		Troy	0%	0%	0%	0%	20%	20%							ERM is meeting and information is provided to BI	Research and Innovation
Assess staffing needs for professional and facility billing and potential of cross training.		Gabe/Mary	20%	20%	30%	35%	35%	35%							Prioritizing projects, create new joint projects within db	Financial Performance
Determine most efficient organizational structure for the Business Integrity Office.		Troy	30%	30%	40%	50%	50%	50%							On hold due to Staff recruitment constraints	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.		Troy	8%	16%	24%	32%	40%	48%							Monthly checks being done	Quality and Safety
Complete the transition of the interactions with industry process to the Business Integrity Office.		Troy	50%	50%	50%	50%	100%	100%							Process has been transitioned from OCC to BI	Financial Performance
Continue surveying high-risk business associates and evaluating their compliance with privacy and security requirements.		Gabe	0%	0%	0%	0%	0%	0%							Due to Covid this is on hold	Financial Performance
Communication, Education, and Training on Compliance Issues:																
Develop a pretest option for compliance and privacy training. This option would show proficiency in the subject matter and would require individuals to review sections they did not fully understand.		Troy/Gabe/Mary	0%	0%	0%	0%	0%	0%								Staff and Physician Wellbeing
Complete integration of compliance and privacy content for SAHS and Chartwell educational programs.		Troy	0%	0%	0%	0%	0%	0%								Research and Innovation
Continue to complete annual compliance training for all employees and the Board of Directors.		Troy	8%	16%	24%	32%	40%	48%								Financial Performance
Continue to complete New Employee and Provider Orientations.		Troy/Brenda	8%	16%	24%	32%	40%	48%								Financial Performance
Continue individual physician and department in-person education regarding documentation, coding and billing standards		Mary	3%	7%	10%	17%	50%	68%							2021 E/M Training in October-December. 198 New providers educated. 68 depts	Financial Performance
Continue to complete HIPAA 101 and walk through training sessions		Gabe	0%	10%	20%	25%	35%	40%							Due to Covid virtual 101 and modifying walk throughs	Financial Performance
Create new training module for EVS, Culinary, and Facilities		Troy Brenda	NA	100%	100%	100%	100%	100%								

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			Month 1	Month 2	Month 3	Month 1	Month 2	Month 3	Month 1	Month 2	Month 3	Month 1	Month 2	Month 3		
Standards, Policies, and Procedures:																
Work with Revenue Cycle Department to develop Computer Based Training (CBT) for various billing processes and topics helping to ensure billing Compliance.		Mary	0%	0%	0%	0%	0%	0%							Focusing on 2021 E&M changes	Financial Performance
Monitoring, Auditing, and Internal Reporting Systems:																
Systemic Annual Audits		Mary	4%	10%	19%	27%	29%	43%							491 Provider and Coder Audits. 14,225 Services audited. *1.0 FTE down	Financial Performance
Focused Issue Audits		Gabe/Mary	4%	8%	14%	17%	23%	27%							23 Audits completed YTD *down one FTE in December	Financial Performance
External Audits		Mary			4	6	12	0							22 New Audits received YTD	Financial Performance
Research Billing Compliance Audits		Nancy	0%	15%	30%	30%	60%	80%							4 Completed Audits	Financial Performance
Pharmacy Auditing		Troy/Kristen	0%	15%	30%	30%	60%	60%								Financial Performance
Hotline		Mary/Gabe	18	12	19	26	20	21							116 YTD	Financial Performance
Conflict of Interest Monitoring		Troy/Gabe	20%	30%	40%	45%	55%	80%							APPs, key employees, board members reported through convey. Completed IIRC website section, e-mail notification and form distribution from Legal to Bl.	Financial Performance
For Cause Audits		Mary/Gabe	NA	NA	NA	NA	NA	NA								Financial Performance
Cybersecurity Issue																
Treatment of Self and Family Member Report and Follow up Process		Mary/Troy	0%	0%	0%	100%	100%	100%							Monthly reports/Individuals educated on policy	Financial Performance
Discipline for Non-Compliance:																
Continue quarterly meetings with Department of Human Resources reviewing disciplinary action for compliance issues and consistent discipline action.		Gabe	25%	25%	25%	50%	50%	75%								Financial Performance
Work with Department of Human Resources to review promotion of staff and how non-compliance is evaluated into this process.		Troy	0%	0%	0%	0%	0%	0%								Financial Performance
Investigation and Remedial Measures:																
Review of the current log of investigations and evaluation to the appropriate levels of governance and management.		Troy	0%	0%	0%	0%	0%	0%								Quality and Safety

○ Business Integrity

- 7 Divisions
 - ✓ Corporate Compliance
 - ✓ Hospital Compliance
 - ✓ Professional Services Compliance
 - ✓ Research Billing Compliance
 - ✓ Pharmacy & Drug Diversion Compliance
 - ✓ Privacy
 - ✓ Internal Audit
- 31 FTEs

Business Integrity Organization Chart



Compliance (e.g. [privacy](#), [document coding and billing](#))
Corporate Compliance (e.g. [external audits](#), [COI](#), [education](#))

Questions?

The logo for UW Health, featuring the letters 'UW' in red and 'Health' in blue, set against a background of a light gray hexagonal grid pattern.

UW Health

Attachment

**UW Health Compliance
Committee Charter**

**UNIVERSITY OF WISCONSIN
HOSPITALS AND CLINICS AUTHORITY
("UW Health")**

**COMPLIANCE COMMITTEE
CHARTER**

Effective as of July 1, 2020

1. Purpose

The Compliance Committee (the "Compliance Committee") of the University of Wisconsin Hospitals and Clinics Authority ("UWHCA") shall assist the UWHCA Board of Directors (the "Board") with oversight of the UW Health Compliance Department and Compliance Programs, including, without limitation, UW Health's compliance with applicable laws and regulations, development and administration of the UW Health Code of Conduct, and development and administration of all compliance related UW Health codes, policies and procedures.

As used in this Charter, "UW Health" refers to UWHCA, University of Wisconsin Medical Foundation ("UWMF"), and the subsidiaries and affiliates which are financially consolidated with UWHCA and the subsidiaries and affiliates which are not consolidated but in which UW Health has a financial interest that is more than inconsequential. UW Health Management is charged with outlining the plan to report the subsidiary and affiliate information to the UW Health Compliance Committee.

2. Membership

The Compliance Committee shall consist of no less than five (5) and no more than nine (9) members ("Members") as designated by the Chairperson of the Board. The Compliance Committee Chair shall also be designated by the Chairperson of the Board. A majority of the members of the Compliance Committee shall be independent and the Compliance Committee shall be populated with persons such that each of the following relevant areas of expertise is represented: with the majority of the Members being independent – cybersecurity; risk (identification, prioritization, management, analytics, legal, revenue cycle, physician/patient care (inpatient); physician/patient care (ambulatory); privacy; policies and procedures; and human resources. One individual member of the Compliance Committee may satisfy more than one of the aforementioned core competencies. For purposes hereof, an "independent member" is a person who (a) is not an executive officer or employee of any of the entities constituting UW Health, and (b) does not have a material relationship with UW Health which in the opinion of the Board would interfere with the exercise of independent judgment in carrying out his/her responsibilities. Appointees may include persons who are not members of the Board.

Members of the Compliance Committee shall serve until their resignation or removal by the Chairperson of the Board. Vacancies in the Compliance Committee shall be filled by the Chairperson of the Board in accordance with the committee composition requirements set forth in this charter.

In addition, the following UW Health executive shall be invited to participate in the meetings of the Compliance Committee: the UW Health Chief Compliance Officer, VP Revenue Cycle, VP Deputy General counsel, Legal Operations, VP Practice Plan, VP Human Resource, VP Chief Ambulatory Officer, Director, Advance Practice Provider; UWSMPH Department Administrator, and such other executives as the Compliance Committee may request from time to time.

3. Duties

The Compliance Committee's responsibilities and oversight include UW Health (and subsidiary) Compliance Programs; Privacy Program and Documentation, Coding and Billing Compliance for Federal Payers. Duties include, but are not limited to, the following:

- Development, review, administration and enforcement of UW Health's internal controls, policies, procedures, and programs for maintaining compliance with applicable law and regulations;
- Development, review, administration and enforcement of the UW Health Code of Conduct and all compliance related codes, policies and procedures, and make recommendations for improving same;
- Review the quarterly Compliance Officer's Report to the UW Health Chief Executive Officer and Chief Operating Officer;
- Prepare a Bi-Annual Compliance Committee Report to the UWHCA and UWMF Boards of Directors, including an evaluation of the Chief Compliance Officer;
- Review the annual Business Integrity Department Work Plan and the Annual Report;
- Review matters that impact UW Health's compliance codes, policies and procedures and any reports or concerns raised by internal reviews, regulators or governmental agencies;
- Oversee the education, auditing and monitoring initiatives of UW Health's Compliance Program and evaluate results based on predetermined objectives;
- Promote standards of ethical behavior within UW Health;

- Review, through the Compliance Committee Chairperson, any material compliance issues affecting the organization raised by the Chief Compliance Officer;
- Obtain the advice and assistance of outside advisors as needed

4. Authority

- Professional Advisors.* The Compliance Committee shall have the authority to engage independent legal, accounting or other advisors as the Compliance Committee deems necessary or appropriate to carry out its responsibilities.
- Investigations.* The Compliance Committee shall have the authority to conduct or authorize investigations into any matters within the scope of its responsibilities. The Compliance Committee shall have the authority to direct any officer, employee or advisor engaged by the Compliance Committee. The Compliance Committee may, in consultation with the UW Health Office of General Counsel, as appropriate, seek outside legal counsel if deemed reasonable when reviewing an internal Compliance investigation.
- Expenses.* The Compliance Committee shall have the authority to incur expenses that are reasonable and necessary to carry out its responsibilities. The Compliance Committee is empowered to cause UW Health to pay such expenses.
- Coordination with Audit Committee.* The Audit Committee and Compliance Committees shall coordinate, and share relevant information, reports, data, and other materials, as determined by the respective Committee Chairs to be necessary, to address any material issue that relate to any matters which relate to the respective areas of oversight and responsibility of the two Committees.

5. Meetings and Procedures

- Meetings.* The Compliance Committee shall meet as often as it deems necessary in order to perform its responsibilities but not less than quarterly. A majority of the members of the Compliance Committee members present in person or electronically (to the extent electronic participation is permitted) shall constitute a quorum for conducting business at a meeting.
- Meetings of the Compliance Committee shall be subject to the State of Wisconsin Open Meetings Law. The Compliance Committee may meet in closed executive session in accordance with the State of Wisconsin Open Meetings Law.
- Manner of Acting.* Compliance Committee decisions shall be made according to the

following model, assuming a quorum is present: first by consensus; if a consensus cannot be reached, then by a vote of a majority of the members of the committee present at the meeting; and finally in the case of a tie vote, the Chairperson of the Board shall cast the tie-breaking vote after being provided with full information necessary for the evaluation and assessment of the pending issue.

d Reports to the Board of Directors. The Compliance Committee shall report at least two times per year to the UWHCA and UWMF Board of Directors.

The Chief Compliance Officer shall have a direct line of communication to the UW Health CEO and the UWHCA and UWMF Boards as he or she deems necessary or appropriate to fulfill his/her duties and responsibilities.

6. Limitation of Duties.

The Compliance Committee shall not have the authority to take any action that is inconsistent with the corporate governance documents of any UW Health entity or applicable law.