



## UW Health Compliance Committee

July 9, 2020, 5:00 - 6:30 PM

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MTID=eee23a48451c928bd9916ba082632a056](https://uwhealth.webex.com/uwhealth/onstage/g.php?MTID=eee23a48451c928bd9916ba082632a056)

Meeting number: 120 700 0723 // Password: 070920

Telephone: 1-415-655-0003 US TOLL // Access code: 120 700 0723

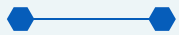
# UW Health Compliance Committee - July 9, 2020 - Public Meeting Notice

## Agenda

5:00 PM	<hr/> <b>I. Call to Order</b> Mr. Troy Lepien		
5:00 PM	<hr/> <b>II. Meeting Minutes - Open Session</b> Mr. Troy Lepien	Approval	
5:02 PM	<hr/> <b>III. UW Health Compliance Committee</b> Mr. Troy Lepien	Discussion	
	Presentation - UW Health Compliance Committee		Page 3
5:02 PM	<hr/> <b>IV. Treatment of Self and Family Members Policy</b> Mr. Troy Lepien	Discussion	
	Attachment - Treatment of Self and Family Member Policy		Page 11
5:07 PM	<hr/> <b>V. UW Health Compliance Committee Charter</b> Mr. Troy Lepien	Update/Discussion	
	Attachment - UW Health Compliance Committee Charter		Page 15
5:22 PM	<hr/> <b>VI. UW Health Compliance Work Plan FY 2021</b> Mr. Troy Lepien	Discussion/Approval	
	Attachment - UW Health Compliance Work Plan FY 2021		Page 20
5:40 PM	<hr/> <b>VII. Closed Session</b>  (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 overview, hospital service compliance overview, and privacy overview.		
6:20 PM	<hr/> <b>VIII. Adjourn</b>		

# UW Health Compliance Committee

July 9, 2020  
Open Session



# Policies & Procedures

- Treatment of Self and Family Members

# Governance

- Charter
- Chair
- Membership

# 2021 Work Plan

## ➤ Quarterly Planning

- Regulatory Environment
- Mobility
- Enterprise Risk Management Process

# 2021 Work Plan

## ➤ Standards, Policies, & Procedures

- Holdover From 2020
- Conflict of Interest – Staff & Providers

## ➤ Compliance Program Administration

- Review Business Integrity Organizational Structure
- Review Staffing & Training of Professional & Facility Auditing
- Survey Employees About Hotline

# 2021 Work Plan

## ➤ Screening & Evaluation

- Status Quo

## ➤ Communication, Education, & Training

- Pre-Test Option
- Integration of Content With SAHS & Chartwell
- Coding & Documentation Computer Based Training

# 2021 Work Plan

## ➤ Monitoring, Auditing, & Internal Reporting

- Inclusion of SAHS & Chartwell - Reimbursement & Privacy
- Administrative Oversight of Provider Conflict of Interest including review of Sunshine Act data
- Engagement of Clinical Research to Understand Research Activities and Auditing Opportunities
- Engagement of Pharmacy for continued drug diversion activities and auditing 340b program.



# 2021 Work Plan

## ➤ Discipline for Non-Compliance

- Review of Performance Evaluation and Promotion Process

## ➤ Investigation & Remedial Measures

- Status Quo

Corporate Compliance

# 2021 Work Plan

 Questions

**Attachment**  
Treatment of  
Self and Family  
Member Policy

**Policy Title:** Treatment of Self or Family Members

**Policy Number:** [Click to enter text.](#)

**Category:** UW Health

**Type:** Ambulatory and Inpatient

**Effective Date:** [Click to enter a date.](#)

## I. PURPOSE

To provide direction to UW Health Providers and other Clinical Staff Members about providing treatment to their family members or themselves.

## II. POLICY

Unless one of the exceptions outlined in this policy applies, Providers and Clinical Staff Members who treat themselves or their family members are doing so outside the course and scope of employment. As such, they may not utilize UW Health Resources to treat themselves or their family members. If an exception applies, the treatment is considered within the course and scope of employment. Providers and Clinical Staff Members providing treatment under an exception must follow the procedures articulated in this policy to ensure that all legal and regulatory requirements are followed, including billing standards.

In general, this policy does not apply to nor is it intended to prohibit a Provider or Clinical Staff Member from providing treatment to themselves or their family members outside the course and scope of employment, provided that no UW Health Resources, including e-prescribing tools, are utilized.

Providers and Clinical Staff Members should be aware that any treatment provided to themselves or family members outside the course and scope of employment will not be covered by employer-provided liability protections.

While not addressed by this policy, consistent with American Medical Association ethical standards, UW Health discourages Providers and Clinical Staff members from providing treatment to themselves or others even when acting outside the course and scope of their employment. When treating themselves or a family member, the provider's professional objectivity may be compromised, and their personal feelings may unduly influence their professional medical judgment which could interfere with the treatment being delivered.

## III. DEFINITIONS

- A. **Provider:** Physicians (in practice and in training), Advanced Practice Practitioners, and any other licensed independent practitioners.
- B. **On-Call Provider:** Physicians (in practice and in training), Advanced Practice Practitioners, and any other licensed independent practitioners providing scheduled on-duty or ready response
- C. **Clinical Staff Member:** Nurses, technicians, medical assistants, etc.
- D. **Family Members:**
  - i. **Applicable Relationships**
    - 1. Spouse or domestic partner, significant other
    - 2. Parent, child (including foster child), sibling
    - 3. Grandparent or grandchildren
    - 4. Any "in law" relationship listed in C.i, C.ii, or C.iii, immediately above
    - 5. Any "step" or foster relationship listed in C.i, Cii, or Ciii, immediately above
  - ii. **Additional Consideration**
    - 1. A step-relationship or an in-law relationship continues to exist even if the marriage upon which the relationship is based ends.
- B. **Significant Other:** Any individual with whom the Provider currently or previously had a romantic or sexual relationship.
- C. **Treatment:** Any diagnosis, treatment, health care service, or prescribing
- D. **UW Health:** For purposes of this policy UW Health refers to UW Hospitals and Clinics Authority, UW Medical Foundation, and UW School of Medicine and Public Health
- E. **UW Health Resources:** Any UW Health or UWSMPH facility, staff, medical supplies, medical equipment, or any other UW Health or UWSMPH property, including without limitation Health Link or any other proprietary

**Policy Title:** Click to enter text.

**Policy Number:** Click to enter text.

or licensed technology.

#### IV. POLICY ELEMENTS

- A. Except as provided for in sections IV.B and IV.C below, Providers and Clinical Staff Members who treat themselves or their family members are doing so outside the course and scope of employment and may not utilize UW Health resources.
- B. **Emergency Exception:** In an emergency, a Provider or Clinical Staff Member should not hesitate to provide emergency treatment to themselves or a family member until they are able to turn the case over to another qualified Provider or Clinical Staff Member properly document the service, and inform the UW Health Business Integrity Office. Similarly, if the Provider is an On-Call Provider and a family member is sent to them for treatment and no other appropriately qualified Provider is reasonably available the Provider should treat the family member, properly document the service, and inform the UW Health Business Integrity Office.
- C. **Prior Approval:** If non-emergency treatment must be provided to a family member because no other appropriately qualified Provider or Clinical Staff Member is reasonably available (e.g., a pre-scheduled surgery with a specialty Provider), the Provider must obtain the prior written approval of the UW Health Chief Medical Officer and applicable UWSMPH Department Chair.
- D. If a Provider or Clinical Staff Member provides treatment to themselves or family members in accordance with the exceptions outlined in Sections IV.B and IV.C above, the Provider or Clinical Staff Member must report the treatment to the Business Integrity Office within 24 hours so that the patient account can be appropriately flagged for billing purposes.
- E. When treating self or family members in the course and scope of employment, Providers and Clinical Staff Members remain obligated to follow all other applicable clinical and administrative policies. This includes but is not limited to policies related to documentation.
- F. Treatment provided by Providers and Clinical Staff Members to themselves or family members outside the course and scope of employment should not be documented in the UW Health medical record as this treatment is not being provided by UW Health. However, Providers and Clinical Staff Members are encouraged to communicate the treatment to the individual's primary care provider if clinically appropriate to do so. The Provider may use UW Health technology, like in-basket messaging, to facilitate communication with the primary care provider.
- G. Providers and Clinical Staff Members who provide treatment to themselves or others outside the course and scope of employment (meaning, other than under one of the exceptions outlined in Sections IV.B and IV.C) are still required to follow all legal and ethical standards regarding such treatment, including legal and ethical standards related to the prescribing of controlled substances and psychiatric medications. Any Provider or Clinical Staff Member who violates such legal or ethical standards, even for treatment provided outside the course and scope of employment, could be subject to employment action and/or medical staff corrective action.
- H. If treatment provided outside the course and scope of employment and which utilized UW Health resources results in a third-party payment being received by UW Health, and UW Health is required to refund such payment, the UW Health Chief Medical Officer and, for UWSMPH employees, the applicable UWSMPH Department Chair may require the Provider to reimburse UW Health for the entire refunded amount. This only applies to treatment provided outside the course and scope of employment and does not apply to treatment provided in accordance with paragraphs (b) and (c) above.
- I. Violations of this policy could lead to discipline up to and including termination of employment and/or suspension or revocation of clinical privileges.

#### V. COORDINATION

Author: SVP/Chief Clinical Officer

Senior Management Sponsor: SVP/Chief Clinical Officer

Reviewers: Legal, Risk Management, Human Resources, Medical Staff Affairs, Provider Services

Approval committees: UW Health Compliance Committee, Professionalism Committee, Council of Faculty, Council of Chairs

UW Health Clinical Policy Committee Approval: Date of Approval

UW Health is a cohesive, united and integrated academic medical enterprise comprised of several entities. This policy applies to facilities and programs operated by the University of Wisconsin Hospitals and Clinics and the University of Wisconsin Medical Foundation, Inc., and to clinical facilities and programs administered by the University of Wisconsin School of Medicine and Public Health. Each entity is

**Policy Title:** Click to enter text.

**Policy Number:** Click to enter text.

responsible for enforcement of this policy in relation to the facilities and programs that it operates.

#### VI. APPROVAL

Final approval (*signature by CCO*)

#### VII. REFERENCES

UW Health: Bylaws and Rules and Regulations of the Medical Staff

UWMF Administrative HR Policy #108.009. Guidance for Professional Conduct of Physician Faculty in the Clinical Setting

The AMA Code of Medical Ethics Opinion on Physicians Treating Family Members: Opinion 8.19-Self-Treatment or Treatment of Immediate Family Members. (1993). *AMA Journal of Ethics*, 14(5), 396-397.

The AMA Code of Medical Ethics Opinion 1.2.1, Treating Self or Family. *AMA Code of Medical Ethics*. Retrieved April 18, 2018 from <https://www.ama-assn.org/delivering-care/treating-self-or-family>.

*Medicare Benefit Policy Manual*, Chapter 16, Section 130: Charges Imposed by Immediate Relatives of the Patient or Members of the Patient's Household. (2003).

#### VIII. REVIEW DETAILS

Version: Original

Last Full Review:

Next Revision: Next Revision Date

Formerly Known as: N/A

**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.

# Attachment

## UW Health Compliance

### Work Plan

FY 2021



# **Fiscal Year 2021 – Quarter 1 Compliance Work Plan**

**Prepared For:  
UW Health Compliance Committee**

**Prepared By:  
UW Health Business Integrity Office**

## **TABLE OF CONTENTS**

I. Introduction .....	2
II. Standards, Policies, and Procedures: .....	2
III. Compliance Program Administration: .....	3
IV. Screening and Evaluation of Employees, Physicians, Vendors, and Other Agents .....	3
V. Communication, Education, and Training on Compliance Issues .....	4
VI. Monitoring, Auditing, and Internal Reporting Systems .....	4
VII. Discipline for Non-Compliance .....	6
VIII. Investigation and Remedial Measures .....	6
IX. Conclusion .....	7

## **I. Introduction**

UW Health has a long history as a leader in providing remarkable healthcare and service to its patients. As part of our mission to deliver excellence to our patients, UW Health is committed to maintaining a work environment that assures our physicians and staff can perform their daily tasks with high ethical standards, honesty, and integrity, while in compliance with applicable laws and regulations.

To prioritize the projects and objectives of the Business Integrity Office and facilitate the oversight by the UW Hospital and Clinics Authority (UWHCA) of the UW Health Compliance Committee, this Work Plan is produced and distributed for their review. The Work Plan sets forth various projects to be addressed during the Fiscal Year 2021 but will be updated quarterly based on the identified risk of UW Health. The Business Integrity Office moved to these quarterly updates due to the fluidity of the regulatory environment especially in the days of the pandemic. This structure allows the Office more mobility to address the risks that emerge. In addition, the use of a quarterly work plan coincides with the work of the Enterprise Risk Management Workgroup and will allow greater collaboration.

The Work Plan is structured in the order of the Office of Inspector General's (OIG) and Health Care Compliance Association (HCCA) Measuring Compliance Program Effectiveness and includes projects within those elements:

- Standards, Policies, and Procedures
- Compliance Program Administration
- Screening and Evaluation of Employees, Physicians, Vendors, and other Agents
- Communication, Education, and Training on Compliance Issues
- Monitoring, Auditing, and Internal Reporting Systems
- Discipline for Non-Compliance
- Investigation and Remedial Measures

The Work Plan uses various resources, such as the US Department of Justice Criminal Division Evaluation of Corporate Compliance Programs, the OIG Work Plan, Recovery Audit Contractor (RAC) issue list, Supplement Medical Review Contractor issues list, industry best practices, and UW Health risk assessment to determine the activities that will be undertaken. Some of the projects described in the Work Plan are standard activities that will be completed each year, such as the physician coding reviews, while others will vary depending on the latest compliance risks. Due to the ever-changing regulatory environment, work plans are often altered to address new risks that need immediate attention.

## **II. Standards, Policies, and Procedures:**

To effectively communicate the organization's commitment to and expectation of compliant conduct to the providers and staff, practice standards and procedures must be developed and implemented. The federal government expects that all providers have compliance policies and procedures that are accessible, viewed by their workforce, and reviewed by leadership on a regular basis. These documents must include foundational compliance items like the Compliance Plan and the Code of Conduct. Based

on these fundamental principles, the Business Integrity Office will be working on the following initiatives:

- A. 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 UWMF and UWHCA Board of Directors for review and approval.
- B. Continued inventory of all privacy and compliance related policies to determine gaps and integration opportunities between UWMF, UWHC, UW Madison and Swedish-American.
- C. Creation of a single customized Notice of Privacy Practices for UW Health, its joint ventures, and potentially Swedish American if possible.
- D. Draft and implement an integrated Record Retention Policy.
- E. Completion of a draft Media Capture Policy.
- F. Draft and implement a Treatment of Self and Family Members Policy.
- G. Draft and implement a Providers Interaction with Industry Policy.
- H. Draft of staff and Board Members Conflict of Interest Policy to include gifts from vendors.

### **III. Compliance Program Administration:**

This section of the Work Plan focuses on whether the compliance program is administered in a way that is appropriate for the size, resources, and scope of UW Health. This section determines whether governing bodies are actively engaged in the compliance program and promote a culture of compliance across all business functions. Additionally, this section asks whether the compliance program is appropriately resourced, whether the compliance officer has other operational responsibilities, and whether the compliance officer's reporting structure is sufficiently independent of other operational functions. The Business Integrity Office will be working on the following initiatives:

- A. Draft 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.
- B. Survey the use of UW Health Reporting Line to ensure staffs knowledge of this reporting mechanism and non-retaliation.
- C. Expand the current physician and coder audit tracking database.
- D. Integrate the Enterprise Risk Management and the Business Integrity Quarterly Work Plan process.
- E. Assess staffing needs for professional and facility billing and the potential of cross training Analysts.
- F. Determine most efficient organizational structure for the Business Integrity Office.

### **IV. Screening and Evaluation of Employees, Physicians, Vendors, and Other Agents**

This section of the Work Plan and the OIG Guidance focuses on whether all employees, physicians, vendors, and other agents are adequately screened against the OIG Exclusion List and other relevant government sanctions lists prior to their engagement. Another area of review is whether a process is in



place to identify and disclose conflicts of interest and whether employees, physicians, vendors, and other pertinent agents receive appropriate education on these conflicts. These metrics emphasize that the provider should remain vigilant regarding employee, physician, vendor, and other agent eligibility both at the time of initial engagement and thereafter. Based on these principles, the Business Integrity Office will be working on the following initiatives:

- A. Continue to monitor the current processes and frequency for exclusion screening for Board of Directors, employees, providers, and volunteers.
- B. Complete the transition of the interactions with industry process to the Business Integrity Office.
- C. Continue surveying high-risk business associates and evaluating their compliance with privacy and security requirements.

## **V. Communication, Education, and Training on Compliance Issues**

This section of the Work Plan reviews whether the compliance program has established appropriate lines of communication throughout UW Health. Education and training are the components of a compliance program that demonstrates a proactive approach to the rules and regulations that govern our business. Education and training can take on many forms and assists in creating a common understanding for all individuals. It is especially important for those involved in the governance, documentation, coding, and revenue cycle processes. Furthermore, education clarifies what is required by regulation, in addition to the expectations of the organization. Proactive education and training can prevent future problems if physicians and employees have a foundational understanding of the rules and regulations. This process is what makes all individuals within the organization compliance extenders. Based on these principles, the Business Integrity Office will be working on the following initiatives:

- A. Develop a pretest option for compliance and privacy testing. This option would show proficiency in the subject matter and would require individual to review sections they did not fully understand.
- B. Complete integration of compliance and privacy content for SAHS and Chartwell educational programs.
- C. Continue to complete annual compliance training for all employees and the Board of Directors.
- D. Continue to complete New Employee and Provider Orientations.
- E. Continue individual physician and department in-person education regarding privacy, documentation, coding, and billing standards.
- F. Work with Revenue Cycle Department to develop Computer Based Training (CBT) for various billing processes and topics helping to ensure billing compliance.

## **VI. Monitoring, Auditing, and Internal Reporting Systems**

The purpose of internal auditing and monitoring is to provide an independent appraisal activity that systematically reviews UW Health's adherence to regulatory requirements of the documentation, coding, and billing processes of both facility and professional services, identification of potential regulatory risk, and recommendations to mitigate the identified risks or deficiencies. This function is completed by various offices within the Business Integrity Office and in conjunction with the quality

assurance efforts of the Revenue Cycle Department. In addition, this section of the Work Plan and the OIG guidance include the establishment of confidential reporting mechanisms such as a hotline.

**A. Audit Plan:**

- 1. Systematic Annual Audits:** All Systematic audits will be adjusted in scope and duration based on the risk to UW Health. These audits will include SAHS.
  - a. **Provider Services:** The Business Integrity Office, Professional Services Office completes reviews of physicians and advanced practitioner-based services. These reviews focus on the documentation, coding, and billing of these services. The provider audits will include SAHS and Chartwell services for the first time this fiscal year. To concentrate resources to the highest risk areas, the Professional Services Office uses software to identify providers that are considered outliers in their billing practices. Examples of outliers include high levels of evaluation and management services, number of hours billed, and modifier usage.
  - b. **Coder Audits:** The Professional Services Office performs annual reviews of the proficiency and accuracy of the Professional Coding staff. The Facility Coding staff are reviewed by an external consultant.
  - c. **HIPAA Audits:** The Privacy Office completes systematic audits as follows:
    - i. Quarterly Reports of employees who had recent clinic, emergency department, and inpatient visits.
    - ii. Monthly Reports of demographics (e.g. same last name, same address, emergency contact, etc.) access, for outside organizations with access to Health Link.
    - iii. Weekly Reports of Care Link reviews.
- 2. Focused Issue Audits:** Each year specific audits are identified due to the high-risk nature of the service being provided. These audits are 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 internal sources such as hotline trends, exit interviews, and routine results. Due to the dynamic nature of reimbursement due to the pandemic this process has moved to a more continuous process of updating audit issues on a weekly basis.
- 3. External Audits:** UW Health receives routine audits from external Federal and State Agencies. The Business Integrity Office coordinates the response to these audits. This year a new reporting system will be established to provide standard and consistent reports to the Compliance Committee for review.
- 4. Research Billing Compliance Audit:** The Research Billing Compliance Office will be conducting Medicare Coverage Analysis to ensure appropriate billing of services. The goal is to do two audits per quarter for Fiscal Year 2021. The Research Billing Compliance Office will engage the Senior Director and Chief Clinical Research Officer to understand the auditing and review process for research activities.
- 5. Pharmacy Auditing:** Continue the drug diversion and auditing program, creating an oversight team with the Pharmacy Department, Nursing, Internal Audit and Drug Diversion Staff. Work

with Pharmacy Department to create an oversight and auditing function for the new UW Health 340b Program.

6. **Hotline:** UW Health maintains a hotline for individuals to send concerns. All concerns are investigated and if necessary, audits are completed to ensure UW Health's compliance with the rules and regulations. The Business Integrity Office reserves this section as a placeholder for resources to complete these ad hoc projects.
7. **Conflict of Interest Monitoring:** Continue to monitor the annual reporting of Board Members, Key Employees, and staff. Reinstate a provider Interactions with Industry process housed with Business Integrity and implemented in collaboration with the Office of General Counsel and UW Madison School of Medicine and Public Health. This monitoring will include downloading and analyzing of the Sunshine Act data.
8. **For-Cause Audits:** These audits are normally requested by a department or individual and are not planned at the beginning of the audit year. This entry in the Work Plan is to serve as a placeholder for resources to complete these ad hoc projects.

## **VII. Discipline for Non-Compliance**

This section of the Work Plan addresses whether UW Health's policies on corrective action are effective and are followed consistently throughout the organization. The Business Integrity Office works closely with the Human Resources Department for any compliance or privacy investigations that lead to disciplinary action. The OIG guidance is that employees and associates are aware of the corrective action procedures, and whether incentive and promotion criteria are appropriately aligned with compliance priorities. Based on these principles, the Business Integrity Office will be working on the following initiatives:

- A. Continue quarterly meetings with Department of Human Resources reviewing disciplinary action for compliance issues and consistent discipline action.
- B. Work with Department of Human Resources to review promotion of staff and how non-compliance is evaluated into this process.

## **VIII. Investigation and Remedial Measures**

This section of the Work Plan relates to whether UW Health has responded appropriately to reported compliance concerns. The OIG expects that providers are prompted to evaluate their guidelines on conducting investigations, including those done through legal counsel under the attorney-client privilege and/or work product doctrine, and determine whether investigations are consistently conducted. Also, determination of whether investigations lead to appropriate and effective remedial responses, including corrective action plans based on a root-cause analysis, and whether the providers follow through on these corrective action plans. Based on these principles, the Business Integrity Office will be working on the following initiatives:

- A. Review of the current log of investigations and elevation to the appropriate levels of governance and management.

## **IX. Conclusion**

This Work Plan is submitted by the Business Integrity Office for approval by the UW Compliance Committee and the UW Health Audit Committee. Please note that due to the ever-changing regulatory environment, work plans are often altered to address new risks that need immediate attention.