



UW Health Compliance Committee

January 4, 2022, 5:00 - 6:30 PM

WebEx: <https://uwhealth.webex.com/uwhealth/j.php?MTID=m8853d656c3660b46a3fe1a3e404eb051>

Meeting number: 2623 288 3556 // Password: 010422

Telephone: +1-415-655-0003 US TOLL // Access code: 2623 288 3556

****ADVANCE MEETING MATERIALS ARE POSTED FOR REFERENCE. OCCASIONALLY, THE POSTED MATERIALS DO NOT REFLECT CHANGES MADE SHORTLY BEFORE OR DURING COMMITTEE MEETINGS. THE FULL COMMITTEE MINUTES ARE THE OFFICIAL RECORD OF FINAL COMMITTEE ACTION****

UW Health Compliance Committee - January 4, 2022 - Public Meeting Notice

Agenda

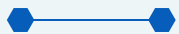
5:00 PM	<hr/> I. Call to Order Regent Mike Jones		
5:00 PM	<hr/> II. Meeting Minutes - Open Session Regent Mike Jones	Approval	
5:01 PM	<hr/> III. Third Party Risk Management Mr. Troy Lepien	Informational	
	Presentation - Third Party Risk Management		3
5:06 PM	<hr/> IV. Dashboard Mr. Troy Lepien	Informational	
	Presentation - Dashboard		5
	Attachment - FY22 Integrated UW Health Compliance Dashboard		7
5:11 PM	<hr/> V. 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 executive 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/> VI. Adjourn (Meeting may adjourn prior to 6:30 PM)		



Third Party Risk Management

Troy Lepien

Open Session – January 4, 2022



- Article of Interest: Basics of Third-Party Management in Healthcare – RSI Security

Basics of Third-Party Risk Management in Healthcare | RSI Security

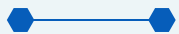
- Definition of Third Party
- Why it's Essential in Healthcare
 - PHI
- How to Implement in Healthcare
 - Assessment
 - Resolution



Dashboard

Troy Lepien

Open Session – January 4, 2022



○ Dashboard

- Provider Conflict of Interest Process
- Cyber-Hygiene Education
- Illinois Medicaid Education
- Organ Procurement Office Hybrid Entity



Attachment

FY22 Integrated UW Health Compliance Dashboard

FY 22 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:																
A. Administrative Activities																
1. 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.		Troy	0%	0%	50%	100%	100%									
2. Finalize a new Service Now database to efficiently store and track administrative policies.		Mary	85%	90%	92%	92%	95%									Presented and Approved at Oct 28 BOD Meeting Database is operational and is in the process of being populated
B. Code of Conduct																
1. Evaluate the Code of Conduct reading level.		Troy & Gabe	0%	0%	0%	0%	0%									Slotted for 3rd & 4th Qrt
2. Ensure the Code of Conduct is reviewed and signed by all employees and providers annually.		Troy	0%	0%	0%	0%	39%									This activity is coupled with the annual education which is due end of 3rd Qrt
C. Drug Diversion Processes:																
1. Develop a departmental policy and standards that outlines the Drug Diversion Investigation and reporting process.		Kristen	0%	20%	35%	40%	60%									
D. Privacy & Cybersecurity:																
1. The Business Integrity's Privacy Department will work with Internal Audit, and Information System's Security Department to assess the current UW Health Cybersecurity policies and procedures for any gaps or holes.		Gabe	0%	0%	0%	0%	0%									Slotted for 3rd & 4th Qrt
2. Draft and implement a Data Classification Policy.		Gabe	85%	90%	100%	100%	100%									Presented and approved at Oct Admin policy meeting
3. Draft and implement Email Transmission of Sensitive or Restricted Data Policy.		Gabe	85%	90%	100%	100%	100%									Presented and approved at Oct Admin policy meeting
4. Review and implement standards for communicating PHI including paging.		Gabe	25%	30%	35%	35%	35%									
E. Revenue Cycle Processes																
1. Work jointly with Revenue Cycle to Draft Standard Operating Procedures for Research Billing. This will be a multiyear project.		Nancy	0%	0%	10%	15%	25%									
2. Review and evaluate the current Critical Care Billing policy and ensure it is appropriate.		Mary	40%	45%	50%	55%	65%									Will not do external audit. Reviewing internally. Meeting with physician group in Dec to establish template.
F. Enterprise Conflict of Interest Process:																
1. Implement the new Providers Interaction with Industry Policy (Conflict of Interest Policy for Providers).		Troy	25%	30%	35%	40%	50%									
Compliance Program Administration:																
A. Administrative Activities:																
1. Review Compliance Committee composition and attendance with Compliance Committee Chair.		Troy	0%	0%	0%	0%	0%	100%								Met with Regent Jones 12/27 and discussed with no changes
2. Compliance Committee provider input into the Compliance Office's performance evaluation.		Regent Jones	0%	0%	50%	100%	100%									
3. Join the American Hospital Association's (AHA) Chief Compliance Officer (CCO) Roundtable.		Troy	100%	100%	100%	100%	100%									
4. Draft of 2021 Annual Report 2022 Work Plan to be reviewed and approved by the UW Health Compliance Committee and presented to the Audit Committee and the UWHCA and UWMF Board of Directors.		Troy	0%	0%	50%	100%	100%									Presented and Approved at Oct 28 BOD Meeting
5. Survey the use of UW Health Reporting Line to ensure staffs knowledge of this reporting mechanism, how to contact the Business Integrity Office, and non-retaliation.		Mary/Gabe	35%	50%	65%	85%	99%									Survey completed. Need to report results to Committee.
6. Expand the current physician and coder audit tracking database to be more comprehensive and include trending reports.		Mary	80%	90%	95%	98%	99%									OnBase audit tracking is being used by the Compliance Analysts. Looking at additional reports to develop.
B. Benchmarking Activities:																
1. Participate in the AHA CCO Compliance Benchmark and Measures Survey.		Troy	50%	50%	50%	50%	50%									Survey has been completed awaiting aggregated benchmark. Meeting will be scheduled in January or February
2. Evaluate current staffing and structure of the Business Integrity Office against the AHA Benchmarks and review with Compliance Committee.		Troy	0%	0%	0%	0%	0%									Waiting for benchmarks that should be delivered in January or February from AHA
Screening and Evaluation of Employees, Physicians, Vendors, and Other Agents:																
A. Administrative Activities:																
1. Continue to monitor the current processes and frequency for exclusion screening for Board of Directors, employees, providers, and volunteers.		Gabe	8%	17%	25%	33%	42%									
B. Privacy & Cybersecurity:																
1. Continue surveying high-risk business associates and evaluating their compliance with privacy and security requirements.		Gabe	0%	0%	0%	0%	0%									Slotted to start in 4th Qtr
C. System Conflict of Interest Process:																
1. Jointly implement a new provider conflict of interest process with the SMPH's Dean's Office, and the Office of Corporate Counsel. This new process will take the place of the old interactions with industry process.		Troy	25%	30%	35%	40%	50%									This activity is tied to the new policy which is being reviewed by UW Madison OLA. An informal process has been implemented
2. Draft and implement a process for Open Payment review for APPs.		Gabe	0%	50%	50%	50%	50%									
D. Contracting Process:																
1. Evaluate current contract templates and contracts to ensure that there is language regarding disclosure of exclusion.		Troy	0%	0%	0%	0%	0%									Slotted for 3rd & 4th Qrt
Communication, Education, and Training on Compliance Issues																
A. Annual Training:																
1. Continue to complete annual compliance training for all employees and the Board of Directors.		Troy/Gabe/Mary	0%	0%	0%	10%	35%									Due to Covid the deadline was expanded to March 1, 2022
2. Develop and implement 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.		Troy/Gabe/Mary	10%	20%	85%	100%	100%									Leader's training went live with a pre-test option
3. Illinois MA Training Requirement		Troy	0%	0%	0%	50%	97%									
B. New Employee Orientation																
1. Continue to complete new employee and provider orientations.		Troy/Mary/Gabe	8%	17%	25%	33%	42%									
2. Work with the Human Resources Department to restructure the compliance and cybersecurity section of New Employee Education.		Troy/Gabe	10%	20%	85%	100%	100%									
C. Privacy & Cybersecurity:																

1. Work with Information Systems Department to develop a cybersecurity hygiene education program. This program will be presented at various levels of the organization as the foundation for a culture of understanding the current computing environment and the risk associated with it.	Troy	0%	0%	0%	10%	20%												IT Security hired Education position to partner with Privacy majority of work slotted for 3rd and 4th Qrt	
2. Develop a Quarterly privacy and cybersecurity informational update to key stakeholders to distribute during their team huddles.	Gabe	0%	0%	25%	25%	25%													
3. Continue individual physician and department in-person education regarding privacy, documentation, coding, and billing standards.	Mary	5%	7%	20%	23%	36%												34 Dept education, 196 new providers/coders	
4. Draft policy defining appropriate segmentation for OPD and codify as a hybrid	Gabe					10%													
D. Revenue Cycle Processes																			
1. Develop Computer Based Training (CBT) for various billing processes and topics helping to ensure billing compliance for providers and coders.	Mary	0%	0%	0%	0%	0%												Will look to add CBTs during 3rd and 4th quarter	
E. System Conflict of Interest Process:																			
1. Draft and implement training program for Conflict of Interest for Providers.	Troy/Gabe	0%	0%	0%	0%	0%												This activity is tied to the new policy which is being reviewed by UW Madison OLA. An informal process has been implemented	
Audit Plan:																			
1. 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 UW Health Care Direct services. To concentrate resources to the highest risk areas, software is used to identify providers and hospital services that are considered outliers in billing practices. Examples of outliers include high levels of evaluation and management services, number of hours billed, and modifier services.	Mary	8%	16%	21%	28%	35%												12,287 services audited, 409 provider audits. Down one FTE first quarter.	
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.	Mary	1%	5%	8%	14%	20%												34 Coders audits.	
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.	Gabe	0%	0%	0%	25%	25%													
ii. Monthly Reports of demographics (e.g. same last name, same address, emergency contact, etc.) access, for outside organizations with access to Health Link.	Gabe	8%	17%	25%	33%	42%													
iii. Security Risk Assessments of areas that hold Protected Health Information will be performed by external consultants. These results and recommendations will be jointly overseen by the Business Integrity Office and Information Systems Security Office.	Troy/Gabe	0%	0%	0%	0%	25%												Contract was signed Work is slotted for 3rd Qrt	
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.	Mary/Gabe	5%	12%	13%	35%	38%												23 completed projects FY22 goal = 60	
3. External Audits: UW Health receives routine audits from external Federal and State Agencies. The Business Integrity Office coordinates the response to these audits.	Mary	5	11	4	5	10												25 audits YTD	
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.	Nancy	1	1	0	0	1												2 Audits a month starting next quarter	
5. Pharmacy Auditing: Continue drug diversion surveillance and auditing programs and creating an oversight plan with the Drug Diversion Prevention and Oversight Task Force. The Business Integrity Office will work with the Pharmacy Department to implement a new surveillance software. In addition, the Business Integrity will work with Pharmacy Department to create an oversight and auditing function for the new UW Health 340B Program.	Troy/Kristen	10%	25%	30%	40%	50%													
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.	Mary/Gabe	23	31	23	21	29												127 calls and online reports YTD	
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 identification and analysis of the Sunshine Act data.	Troy/Gabe	10%	40%	60%	75%	80%													
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. Due to the increased cybersecurity risk there will be increased need and frequency for this category of auditing. It will also affect the other planned work due to resource constraints.	Troy/Mary/Gabe	0	0	0	0	0													
Discipline for Non-Compliance																			
A. Continue quarterly meetings with Department of Human Resources reviewing disciplinary action for compliance issues and consistent discipline action.	Gabe	0%	25%	25%	50%	50%													
B. 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%												This work is slotted for 3rd and 4th Qrt	
Investigation and Remedial Measures																			
A. Drug Diversion Processes:																			
1. Develop standard process for the investigation and elevation of Drug Diversion Investigations and reporting process.	Troy/Kristen	10%	20%	30%	50%	50%													
B. Privacy and Cybersecurity:																			
1. Develop a standard process for the investigation and elevation of cybersecurity threats. This will include determination of when to include outside counsel and external cyber forensic organizations.	Troy/Gabe	10%	20%	30%	40%	50%												One RCA has been completed and the second is scheduled. This will be the basis of the playbook	
C. System Conflict of Interest Process:																			
1. Establish an interaction with industry or provider conflict of interest appeals committee. This committee will provide a peer review of potential provider engagements that may be at conflict with UW Health or SMPH interest.	Troy/Gabe	0%	0%	0%	0%	0%												This activity is tied to the new policy which is being reviewed by UW Madison OLA. An informal process has been implemented	
2. Develop an inventory of items or services given to patients and their families without charge by surveying the leadership team. Standardize and develop a guideline for items or services given to patients and their families without charge escalation process.	Gabe	10%	15%	20%	25%	30%													