



UConn

UNIVERSITY OF CONNECTICUT

**UConn
HEALTH**

**JOINT AUDIT & COMPLIANCE
COMMITTEE MEETING**

SEPTEMBER 2, 2021

PUBLIC SESSION

WebEx Access code:

<https://uconn-cmr.webex.com/uconn-cmr/j.php?MTID=m6e94b68126402df61be7da672b33aa0c>



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University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting

September 2, 2021

Agenda

10:00 am – 10:30 am - Executive Session / 10:30 am – 12:00 pm - Public Session

Meeting held by Webex:

<https://uconn-cmr.webex.com/uconn-cmr/j.php?MTID=m6e94b68126402df61be7da672b33aa0c>

(Note: this meeting will be recorded)

Topic	Proposed Action	Attachment
Executive Session Anticipated	Review	None
GENERAL		
1. General		
• Opportunity for Public Comments*		None
• Minutes of the June 10, 2021 JACC Meeting	Approval	1.1
AUDIT		
2. External Audit Activities		
• Status of External Audit Engagements	Update	2.1
• FY 2020 Statewide Single Audit	Presentation	2.2
• JDH Hemophilia Treatment Center Annual 340b Independent Audit	Presentation	2.3
• Approval of NCAA Financial Agreed Upon Procedures Auditors James Moore	Approval	2.4
• Approval of 340b JDH and Ryan White Services Auditors 340b Compliance Partners	Approval	2.5
• Public Act 21-145 Impact	Informational	2.6
3. Significant Internal Audit Activities		
• Status of Audits	Update	3.1
• Status of Audit Findings	Update	3.2
• Audit Plan FY 2022	Approval	3.3
COMPLIANCE		
4. Compliance Activities		
• Compliance Plan FY2022	Approval	4.1
• Significant Compliance Activities	Update	4.2
• NCAA Compliance Update	Presentation	4.3
• Informational/Educational Items	Informational	4.4
INFORMATION TECHNOLOGY		
5. Information Technology Update		
• UConn	Update	5.1
• UConn Health	Update	5.2
CLOSING		
6. Conclusion of Full Meeting		

* If members of the public wish to address the Committee during the Public Participation portion of the meeting, you must submit a request in writing 30 minutes prior to the start of the meeting (by 9:30 a.m.) to the following email address: BoardCommittees@uconn.edu. Please indicate your **name, telephone number, and topic** to be discussed. Per the University By-Laws, the Board may limit public comment. As an alternative, you may also submit your comments via email which will be shared with the Board.

ATTACHMENT 1.1

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
Minutes of the June 10, 2021 Meeting

WebEx Meeting

Attendees	
Trustees/ Directors:	Chair: M. Boxer, F. Archambault, D. Toscano, J. Gouin, R. Carbray, T. Holt
Staff:	A. Agwunobi, O. Andujar, C. Bernard, L. Blanchard, J. Blumenthal, K. Bailot, K. Buffkin, W. Byerly, P. Casey, S. Croucher, L. Cruickshank, A. Cunningham, G. Daniels, M. Delaney, C. Delello, T. Dyer, W. Felgate, M. Frank, K. Fearney, N. Fuerst, E. Gallo, B. Gelston, N. Gelston, M. Gendreau, J. Geoghegan, C. Gray, S. Guralnick, L. Hansen, H. Hildebrandt, K. Hill, D. Hook, C. Hyers, A. Keilty, M. Kennedy, F. LaRosa, M. Lucas, B. Matusik, K. Metcalf, M. Mundrane, L. Neal, G. Perrotti, A. Phung, C. Podesta, A. Quaresima, K. Rourke, R. Rubin, J. Simpson, E. Vitullo, B. Woodaman, R. Wrynn, E. Zincavage

1. Opening

The meeting of the Joint Audit and Compliance Committee (JACC) was called to order at 10:00 a.m. by Committee Chair Boxer.

2. Executive Session anticipated

EXECUTIVE SESSION

ON A MOTION made by Committee Chair Boxer, approved by Director Carbray and seconded by Trustee Gouin the JACC voted unanimously to go into executive session to discuss:

- C.G.S. 1-210(b)(1)– Preliminary drafts or notes that the public agency has determined that the public’s interest in withholding such documents clearly outweighs the public interest in disclosure.
- C.G.S. 1-200(6)(B) – Records or the information contained therein pertaining to strategy and negotiations with respect to pending claims
- C.G.S. 1-210(b)(10) – Records, reports and statements privileged by the attorney-client relationship.
- C.G.S. 1-210(b)(20)– Records of standards, procedures, processes, software and codes not otherwise available to the public, the disclosure of which would compromise the security and integrity of an information technology system.

Executive Session was attended by the following: JACC, BOT and BOD members: M. Boxer, F. Archambault, D. Toscano, J. Gouin, R. Carbray, T. Holt; **President and Senior Staff:** A. Agwunobi, L. Blanchard, J. Blumenthal, W. Byerly, P. Casey, S. Croucher, N. Fuerst, N. Gelston, J. Geoghegan, A. Keilty, R. Rubin, C. Ryan, J. Simpson; **AMAS Staff:** T. Dyer, E. Gallo, M. Gendreau, H. Hildebrandt, D. Hook, M. Kennedy, F. LaRosa, G. Perrotti, A. Quaresima, E. Zincavage; **University Compliance Staff** O. Andujar, K. Fearney, B. Gelston, S. Guralnick, K. Hill, L. Neal, E. Vitullo; **Executive Session was also attended by:** C. Bernard, A. Cunningham, C. Gray, C. Hyers, M. Mundrane, C. Podesta.

The Executive Session ended at 11:09 a.m.

OPEN SESSION

The JACC returned to public session at 11:10 a.m.

DRAFT

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
Minutes of the June 10, 2021 Meeting

WebEx Meeting

1. Public Participation

There were no public comments.

ON A MOTION made by Committee Chair Boxer, approved by Trustee Gouin and seconded by Director Carbray the Minutes of the March 4, 2021 JACC meeting was unanimously approved by the JACC.

ON A MOTION made by Committee Chair Boxer, approved by Trustee Gouin and seconded by Director Holt the Minutes of the April 30, 2021 JACC meeting was unanimously approved by the JACC.

2. External Audit Activities

F. LaRosa provided an update on the status of external audit engagements.

ON A MOTION made by Committee Chair Boxer, approved by Director Archambault and seconded by Trustee Gouin the Marcum LLP- FY21 fee increase was unanimously approved by the JACC.

K. Metcalf provided a presentation on the UConn Health's John Dempsey Hospital's annual 340B independent audit.

K. Metcalf provided a presentation on the UConn Health's Ryan White annual 340B independent audit.

W. Felgate provided a presentation on the Auditors of Public Accounts UConn departmental audit for the FYs 2016, 2017, and 2018

3. Significant Internal Audit Activities

F. LaRosa provided an update on the status of internal audits.

F. LaRosa provided an update on the status of internal audit findings.

4. Compliance Activities

K. Fearney provided an update on the significant compliance activities.

A. Cunningham provided a presentation on the Office of Healthcare Compliance and Privacy.

K. Fearney informed the JACC that there are informational and educational compliance items attached to the agenda.

5. Information Technology Update

There were no updates provided from UConn Health on information technologies.

M. Mundrane provided an update on the UConn information technologies.

DRAFT

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
Minutes of the June 10, 2021 Meeting

WebEx Meeting

6. Conclusion of Full Meeting

ON A MOTION made by Committee Chair Boxer, approved by Trustee Gouin and seconded by, Director Carbray the JACC Committee voted unanimously to adjourn the meeting.

There being no further business appearing, the JACC meeting was adjourned at 11:54 a.m.

Respectfully submitted,

Molly Kennedy

ATTACHMENT 2.1

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting

September 2, 2021

Status of External Audit Engagements

Auditor	Area	Scope	Current Status of Audit	Recent Report Issued	Status of Findings—Recent Report Issued			
					Total	No Further Action	Open	Disagreed
Marcum, LLP	UConn Health	Financial Statement Audit	FY 21 Underway	FY 20 Issued 12/16/20	5		5	
James Moore	UConn Athletics	NCAA agreed upon procedures performed on all revenues, expenses, and capital expenditures for the Athletics Program	Requesting Contractor Approval	FY 20 Issued 12/21/20	No Findings Reported			
To Be Determined	UConn & UConn Health	Annual audit of UCONN 2000 substantially completed projects and agreed upon procedures	RFP Process to Select New Vendor	FY 20 Issued 3/4/21	No Findings Reported			
Pharmacy Optimization Consultants	UConn Health	Audit of UConn Health's Covered Entities 340B Drug Pricing Program required by Health Resources and Services Administration	No Activity at this time	CY20 Issued 3/21 and 6/21	8	7	1	
State Auditors	UConn	Annual Audit of Federal Funds required under the Federal Single Audit Act	FY 21 Underway	FY 20 Issued 7/30/21	No Findings Reported			
State Auditors	UConn Health	Annual Audit of Federal Funds required under the Federal Single Audit Act	FY 21 Underway	FY 20 Issued 7/30/21	No Findings Reported			
State Auditors	UConn	Annual audit of financial statements included in the Comprehensive Annual Financial Reports	FY 21 Underway	FY 20 Issued 12/30/20	No Findings Reported			
State Auditors	UConn Health	Annual audit of financial statements included in the Comprehensive Annual Financial Reports	FY 21 Underway	FY 20 Issued 1/8/21	No Findings Reported			
State Auditors	UConn	Departmental Statutory Required Audit (CGS Sec 2-90)	FYs 19, 20 Underway	FYs 16, 17, 18 Issued 4/13/21	28	18	5	5
State Auditors	UConn Health	Departmental Statutory Required Audit (CGS Sec 2-90)	FYs 19, 20 Underway	FYs 17, 18 Issued 7/7/20	14	10	2	2

ATTACHMENT 2.2

University of Connecticut and University of Connecticut Health Center

Single Audit for the year ended June 30, 2020

Communication to the Joint Audit and
Compliance Committee

September 2, 2021

University of Connecticut

Single Audit Report

FYE 6/30/2020

❖ Issued Date – July 30, 2021

- The Auditors of Public Accounts delayed the Single Audit report issuance due to COVID-19 as authorized by the GAO and in accordance with the Office of Management and Budget memorandum 21-20. The extension was granted for 6 months beyond the normal due date of March 31st.

The audit was performed in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards for financial audits issued by the Comptroller General of the United States, and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)

Audit Report

- ❖ Complete Statewide Report – is included on our website at the link below:

https://wp.cga.ct.gov/apa/wp-content/cgacustom/reports/statewide/STATEWIDE_20210730_FY2020.pdf

- ❖ Applicable University Federal Programs

- 1) Research and Development (R&D)
- 2) Federal Student Financial Assistance (FSFA)
- 3) CARES Act- Higher Education Emergency Relief Fund (HEERF)
- 4) CARES Act- Coronavirus Relief Fund (CRF)

Federal Funds

- ❖ Total Federal Assistance Statewide - \$13,496,000,000
Type A Program Threshold
(<\$10B = Larger of \$3m or FFA x .003) - \$40,488,000
- ❖ Federal Assistance Expended at the University System:
 1. R&D \$171,028,000 (Storrs \$101m, UCH \$70m)
 2. Student FSFA \$239,812,000 (Storrs \$221.8m, UCH \$18m)
 3. University HEERF \$21,501,000
 4. UConn Health CRF \$2,486,000

TOTAL FFA \$434,827,000

Findings

- There were no reportable findings for the applicable federal programs at the University of Connecticut and the University of Connecticut Health Center.

ATTACHMENT 2.3

FINDINGS AND AREAS FOR IMPROVEMENT OF THE INDEPENDENT OUTSIDE AUDIT FOR HEMOPHILIA TREATMENT CENTER (HTC) 340B PROGRAM

The Hemophilia Treatment Center 340B program underwent an outside independent mock audit as required by Health Resources and Services Administration (HRSA). This audit was conducted by 340B Compliance Partners with a kick-off, pre-audit conference call on March 22nd, 2021 and "onsite" portion which took place virtually on June 7, 2021. 340B Compliance Partners completed the procedures related to the compliance with the 340B Drug Pricing Program in accordance with the Health Resources and Services Administration's (HRSA's) guidance for Covered Entities.

FINDINGS

Our Independent Outside Audit did not have any findings.

AREAS FOR IMPROVEMENT:

1. Work with Third Party Administrator (TPA) for Accredo to better see accumulations and replenishments.

HTC 340B Management Response:

HTC 340B Management is in agreement with this area for improvement. Currently the Accredo Pharmacy online portal does not have a user friendly, comprehensive factor accumulation and replenishment system. Tracking orders for patient prescriptions was very difficult to follow and present during the audit. This is due to the system only tracking orders via NDC codes and not by patient order. We agree that a Third Party Administrator could be beneficial in monitoring the accumulation of factors products ordered through Accredo Pharmacy.

In response to the above area for improvement we have requested Accredo Pharmacy consider improving their reporting system available to their customers. Furthermore we have requested recommendations from the Hemophilia Alliance, a membership organization we are a member of that provides guidance and suggestions to Hemophilia Treatment Centers across the United States. We are awaiting their response to see if there is a recommended TPA service for HTCs and will be evaluating companies in the coming months.

Estimated Date of Completion: December, 1, 2021

UCONN HEMOPHILIA TREATMENT CENTER'S ANNUAL 340B INDEPENDENT AUDIT



06/14/21

Executive Summary of 340B Annual Independent Audit

EXECUTIVE SUMMARY OF 340B ANNUAL INDEPENDENT AUDIT

BACKGROUND

UCONN Hemophilia Treatment Center (HH) is located in Farmington, Connecticut and is registered as a Comprehensive Hemophilia Treatment Center (HM) on the OPAIS database as HM06030 with a start date of April 1, 2012, and last recertification date of February 4, 2021. UCONN Hemophilia Treatment Center has registered contract pharmacies. Currently, Red Chip contract pharmacy uses its own system to function as a TPA for the Covered Entity and Verity is the TPA used for Accredo.

University of Connecticut Hemophilia Treatment Center contracted with 340B Compliance Partners to conduct the annual independent external audit of contract pharmacy for analysis of program compliance. This audit was conducted with a kick-off, pre-audit conference call on March 22th, 2021 and virtual audit portion was on June 7th, 2021. Auditors were Sherri Faber, Joshua Gue, Jami Dean, and Michelle Jackson.

SCOPE AND METHODOLOGY

340B Compliance Partners has completed the procedures related to the compliance with the 340B Drug Pricing Program in accordance with the Health Resources and Services Administration's (HRSA's) guidance for Covered Entities as of June 7th of 2021. These procedures were agreed to by Senior Management and the Department of Pharmacy of UCONN Hemophilia Treatment Center. The following areas of compliance testing were completed:

- A. Knowledge during pre-audit conference call
- B. Accuracy of 340B Database
- C. Verification of Eligibility (Grant, local government agreement, registered on OPAIS)
- D. Medicaid Carve In/ Carve Out Status
- E. Policy and Procedure Review
- F. Sample of Dispensations tested for eligibility for 340B
- G. Accumulator review for eligibility and replenishment records where applicable
- H. Diversion tests
- I. Contract Pharmacy Compliance (dates of contract vs registration on HRSA database)
- J. Provider File review
- K. Test staff knowledge of program (ordering process, eligibility)
- L. Internal audit process
- M. Multi-disciplinary committee meetings

N. Contract Pharmacy agreement(s) are complete with 12 areas identified by HRSA

The compliance testing included transaction testing of randomly selected items from the time period of July 1, 2020 through December 31, 2020. Portions of this audit were completed remotely as well as onsite for the remainder.

PROCEDURE NOTES AND FINDINGS

Procedure A: Knowledge during pre-audit conference

Staff participated in a kick-off call in March 2021. We followed agenda as set forth by the Bizzell Group along with Q&A. Appropriate questions asked by team to prepare for a HRSA audit in the future.

Procedure B: Accuracy of 340B Database

Reviewed addresses, dates of registration on OPAIS database. Some of the address pieces like "STE" is Suite either on the contract or on the database for example or Rd versus Road. May consider having an amended agreement with all these exactly matching the OPAIS database, which is most convenient when amending for other reasons.

Procedure C: Verification of Eligibility

Covered Entity meets eligibility requirements of being part of a grant award to be a Comprehensive Hemophilia Treatment Center and last recertified on the OPAIS on February 4, 2021.

Procedure D: Medicaid Carve-In, Carve-Out Status

Covered Entity was listed as Carve-Out status on the Medicaid Exclusion File on the OPAIS database; however, they do not use medications in the clinic for 340B under this grant.

Procedure E: Policy and Procedure Review

Policies and Procedures are updated and complete.

Procedure F: Sample of Dispensations tested for eligibility for 340B

Samples were selected from all identified universes: There were a total of #21 samples submitted for contract pharmacy for the six-month period; so, all were included in the sample selection for onsite. Thorough analysis was completed for each dispensation including:

- Ordering Provider eligibility
- Location eligibility
- Insurance Coverage
- Responsibility of care evidence of encounters
- Patient status at time of documented 340B eligibility
- Accumulator and replenishment review (contract pharmacy) or demonstrated invoice
- Chart documentation of prescription sent to contract pharmacy matching date written on prescription

FINDINGS:

None noted: All samples met compliance checks.

AREAS FOR IMPROVEMENT:

Work with TPA for Accredo to better see accumulations and replenishments.

Procedure G: Accumulator review for eligibility and replenishment records where applicable

The contract pharmacy vendor Red Chip has a process with more of separate physical inventory with the medication ordered for a specific, eligible patient. TPA for Accredo needs to be clearer.

Procedure H: Diversion tests

All prescriptions were documented.

Procedure I: Contract Pharmacy Compliance

Ongoing internal audit process in place for all contract pharmacies, may create a spreadsheet to show headings for the detailed data being analyzed for each sample.

Procedure J: Provider File Review

This file is up to date internally and best practice is to include a spreadsheet of provider, NPI, contracted or employed designation and a column for a termination date if applicable

Procedure K: Test Staff Knowledge of Program

Held discussion with staff responsible for program. Patient definition is understood by primary stakeholders.

Procedure L: Internal Audit Process

Audits were conducted in contract pharmacy space and are reporting out results at 340B Oversight Committee Meeting.

Procedure M: Multi-disciplinary Committee Meetings

Covered Entity participates in a joint meeting with the other two 340B designations within UCONN. Separate agenda section for each Covered Entity is present.

Procedure N: Contract Pharmacy agreement(s) complete with 12 elements identified by HRSA

The contracts were reviewed for the 12 elements.

SUMMARY

Review above comments and determine if you would challenge any findings as you would have 30 days to do so. Next, develop a corrective action plan within 60 days of receipt of report. Keep in mind with a HRSA audit, all CAPS would be expected to be fully implemented and attestation received within six months of approval of the CAP. The CAP would include all Findings and AFI (Areas for Improvement).

This report is intended solely for the information and use of UCONN HTC senior management, 340B Oversight Committee, pharmacy personnel, and HRSA (if requested) and is not intended to be and should not be used by another other than those specified parties.

We appreciate the opportunity to work with your team to ensure compliance with your 340B Program.

Any questions related to this report may be directed to 340B Compliance Partners at:

or (304) 964-3903

CONFIDENTIAL

ATTACHMENT 2.4

TO: Members of the Joint Audit and Compliance Committee

FROM: Frank LaRosa
Assistant Vice President and Chief Audit Executive

DATE: September 2, 2021

SUBJECT: Appointment of NCAA Financial Agreed Upon Procedures Auditors James Moore

RECOMMENDATION

It is recommended that the Joint Audit and Compliance Committee (JACC) approve the appointment of the accounting firm James Moore to provide audit services for the years ended June 30, 2021, 2022 and 2023 for proposed fees of \$19,000, \$19,500 and \$20,000, respectively. These services include reporting on the application of agreed-upon procedures in compliance with The National Collegiate Athletic Association (NCAA) Financial Reporting Requirements.

BACKGROUND

NCAA Constitution 3.2.4.17 requires that “an institution shall submit financial data detailing operating revenues, expenses and capital related to its intercollegiate athletics program to the NCAA on an annual basis in accordance with the financial reporting policies and procedures...The report shall be subject to annual agreed-on verification procedures approved by the membership (in addition to any regular financial reporting policies and procedures of the institution) and conducted by a qualified independent accountant who is not a staff member of the institution and who is selected by the institution’s chancellor or president or by an institutional administrator from outside the athletics department designated by the chancellor or president. The independent accountant shall verify the accuracy and completeness of the data prior to submission to the institution’s chancellor or president and the NCAA. The institution’s chancellor or president shall certify the financial report prior to submission to the NCAA.”

A bid process was conducted through the University of Connecticut Purchasing Department to select the independent accounting firm to perform the agreed upon procedures. Eight accounting firms submitted proposals.

A committee of five UConn employees independently evaluated the eight proposals based on a set of predetermined qualifications including quality of the proposed plan and ability to meet the University’s goals and objectives; experience in providing similar services to large public research institutions; capability of staff to conduct audits and evaluate risk; and competitive pricing. The Purchasing Department collected and tabulated the committee members’ scoring and the committee voted to select James Moore pending approval of the JACC.

AMAS seeks JACC approval to move forward with this engagement.

ATTACHMENT 2.5

TO: Members of the Joint Audit & Compliance Committee

FROM: Frank LaRosa
Chief Audit Executive

DATE: September 2, 2021

SUBJECT: Approval of Appointment of Pharmacy Consultants Inc, DBA 340B Compliance Partners, to Conduct an Independent Audit of UConn Health Covered Entities

RECOMMENDATION

That the Joint Audit and Compliance Committee (JACC) approve the appointment of Pharmacy Consultants Inc, DBA 340B Compliance Partners to conduct an audit of two of the three UConn Health Covered Entities: John Dempsey Hospital and Division of Infectious Diseases/Infectious Disease Clinic (Ryan White Part A) applicable to the 340B Drug Pricing Program for a period to be determined by the vendor. The maximum fee for this engagement is \$54,876, which includes project-related reimbursable expenses for administrative costs.

BACKGROUND

As a 340B covered entities, John Dempsey Hospital and Division of Infectious Diseases/Infectious Disease Clinic (Ryan White Part A) has elected to dispense 340B drugs to patients through contract pharmacy arrangements.

Federal Register Vol. 75, No. 43 Notice Regarding 340B Drug Pricing Program — Contract Pharmacy Services issued guidelines that govern the operation and compliance of contract pharmacies for 340B covered entities. These guidelines require that “Covered entities are responsible for ensuring compliance of their contract pharmacy arrangement(s) with all 340B Program requirements. In order to fulfill the ongoing obligation of compliance, all covered entities are required to provide oversight of the contract pharmacy, maintain auditable records and are expected to conduct annual audits of their contract pharmacies, completed by an independent auditing firm”.

The engagement with Pharmacy Consultants Inc. is designed to fulfill the audit requirement. The Office of Audit and Management Services seeks JACC approval of this engagement.

Approved by the Joint Audit & Compliance Committee at their _____ meeting.



PROPOSAL FOR SERVICES

340B Drug Program Compliance Audit



Pharmacy Consultants, Inc.
DBA 340B Compliance Partners
Roaring Spring, PA

Overview

340B Compliance Partners is pleased to submit this proposal for services to support UCONN Health in achieving its goals for improving and maintaining compliance and integrity for its 340B program. 340B Compliance Partners is a pharmacist-owned and operated private company. Guidance and audits are provided by pharmacists and pharmacy technicians to more closely resemble the current HRSA 340B program audits. We are committed to a beneficial partnership to improve your program and will be responsive, reliable and thorough. Our corporate slogan states our mission and what we provide as your partner: “The guidance you want. The analysis you need.”

The Objective

- ❖ Conduct annual on-site independent third-party audit for the following registered entity:

RWI06030

- ❖ Mimic HRSA audit to prepare client for selection for audit in identifying strengths and opportunities for improvement.
- ❖ Provide ongoing staff and stakeholder education to assist with meeting HRSA expectations.
- ❖ Availability via email or phone for questions related to 340B for the specific registration type for the duration of the contract- one year.

The Opportunity

- ❖ Goal #1: Promote continuous readiness and compliance for 340B program
- ❖ Goal #2: Identify HRSA audit expectations for your entity
- ❖ Goal #3: Make recommendations that maximize the savings and revenue opportunities of the 340B program
- ❖ Goal #4: Work with pharmacy staff and others to provide education and guidance for ongoing internal audits and program integrity

The Solution

1. The Client hereby agrees to engage the Consultant to provide the Client with the following consulting services (the "Services") for RWI:

- ❖ Mimic HRSA notification of selection for audit
- ❖ Pre-audit conference call
- ❖ Data submission for audit period with expected time frames
- ❖ Review of policies and procedures
- ❖ Review of scope
- ❖ Analysis of contract pharmacy contract dates compared with dates of OPAIS registration dates
- ❖ Analysis/Review of addresses on OPAIS for accuracy
- ❖ Review of any prior audit findings to verify correction completion
- ❖ Internal clinic ordering process of ordering meds (if applicable)
- ❖ Medicaid Carve-out process analysis
- ❖ Use of savings/revenue discussion to determine appropriate use within guidelines
- ❖ Sample review from entity and contract pharmacies [eligible provider, eligible patient, documentation in medical record of either administration or submission to contract pharmacy, insurance of patient, accumulation in contract pharmacy TPA, and replenishment]
- ❖ Educational session to audience of your choice (arranged in advance for appropriate level of content) Assist in meeting expectations of education of staff.
- ❖ Exit conference to discuss concerns and any potential findings.
- ❖ Final written report detailing what is going well and identifying potential opportunities for improvement will be provided within 4 weeks of exit
- ❖ Availability by email or phone for questions related to 340B for specific registration type for duration of contract.

2. The Services will also include any other consulting tasks which the Parties may agree upon. As an annual independent audit client, 340B Compliance Partners will come onsite if requested when actual HRSA audit is conducted for a significantly discounted rate.

OUR PROPOSAL

UCONN Health have a desire to be completely compliant with the 340B Program while maximizing the potential savings to meet the 340B program's intent. However, faced with the complexities of the program and time-consuming internal audit requirements,

UCONN Health face the possibility of ongoing missed opportunities and risk of HRSA audit findings for non-compliance.

Our partnership will assist UCONN Health Affiliates in meeting their goals for compliance and maximizing savings.

Technical/Project Approach

Our goal is to study your 340B program, examine results of any prior HRSA audits to assist with any corrective action, learn about your systems and processes, mimic the HRSA audit with the onsite audit and remote reviews, provide guidance for a strategic ongoing audit plan, and serve as your partner for compliance and integrity.

The actual process will be the following:

1. Contracts fully executed
2. Choose onsite dates (25% of fee due to hold dates)
3. Schedule the process initiation approximately 30 days in advance of onsite
4. Covered Entity to choose audience for onsite educational offering if desired
5. Email sent to Authorizing Official to notify of upcoming mock audit
6. Kick-off call scheduled and held within a few days of email
7. Data requests will be sent to designated 340B stakeholders with deadlines prior to call and will be reviewed during the kick-off call
8. Designated individual will be provided access to a shared folder to submit data files and all requested documents
9. Two Auditors will conduct a 1-day onsite portion of audit for Ryan White Program. If due to emergent circumstances, a live onsite audit is not possible; a virtual audit will be conducted covering the same topics.
10. Detailed mock audit report will be prepared for submission to the Authorizing Official and Primary Contact or designee(s).

Timeline for Execution

Kick off for this contract is upon completion of all signatures unless otherwise negotiated.

Key project dates are outlined below. Dates are best-guess estimates and are subject to change until a contract is executed.

Description	Start Date	Onsite Date	Duration
Annual independent audit onsite: RWI06030	Prep TBD	Onsite TBD	30 days advance prep with minimum one day onsite *possible to combine trip for Ryan White and HTC to save on travel expenses*

Supplied Material/ Entity Responsibilities

The following materials are to be supplied by UCONN Health for this project. For 340B Compliance Partners to meet project milestones, this material must be supplied on schedule. The due dates included in the following table represent our best guess based on current proposed dates:

Materials to be supplied by UCONN Health	Due Date
All materials that would be requested in preparation for HRSA audit- complete list to be provided with kick off call and communication	TBD
Staff available for kickoff call and onsite visit to get best result from audit and education	TBD
6 months of data requests at a designated time to mimic HRSA audit representing 6 months in 2021	TBD

EXPECTED RESULTS

We expect our proposed solution to UCONN Health Affiliates’ audit needs to provide the following results:

- ❖ Provide the analysis you need with the guidance you want
- ❖ Provide a snapshot of program integrity and compliance
- ❖ Instill confidence in staff with an educated approach to a robust, compliant 340B

- program
- ❖ Provide feedback for potential findings and opportunities for improvement

PRICING

The following table details the pricing for delivery of the services outlined in this proposal. This pricing is valid for 30 days from the date of this proposal: exp. August 19, 2021. UCONN Health Affiliates agree to serve as a reference for 340B Compliance Partners upon successful completion of meaningful services. Other services available for additional fees such as creation of robust policies and procedures, individualized training programs for 340B Coordinators, negotiation and set-up of contract pharmacies, TPA selection and negotiations.

Services Cost Annual Independent On-site audit	Cost
<p>Annual Independent on-site audit and availability for questions related to 340B for the period of the contract- one year.</p> <p>1. RWI06030</p>	<p>\$1473 per month for 12 months.</p>
<p>Actual out-of-pocket expenses incurred in connection with the completion of our engagement, such as travel costs, mileage and tolls, meals.</p> <p>** Plan on consolidating the RWI and HM in one trip to save on expenses</p>	<p>If separate trips for audit RWI travel cap is \$2000</p>

QUALIFICATIONS

340B Compliance Partners is focused entirely on the 340B program- this is our business. Your entity needs a responsive, reliable and thorough partner to comply with all the complexities of the program. Why choose us? We speak the language of pharmacy and 340B. We have been on the side of a covered entity, involved in the detailed operations of 340B and have been audited by HRSA. We have provided

consultative services to guide others through a HRSA audit as well as partnered to revamp policies and procedures and analyze contract pharmacy arrangements and details of those contracts. Our mission is to help covered entities feel confident in their program integrity without spending a large portion of 340B savings on independent audits and consultants to do so. Some of our staff have been part of one of the fastest growing DSH covered entities with an increase of contract pharmacies from simply an employee pharmacy to well over 70 contract pharmacies in a span of 5 years. Pharmacy personnel are by nature detail-oriented and you need this level of analysis to examine your program under a microscope to look for opportunities for improvement proactively.

340B Compliance Partners is comprised of pharmacy personnel who have either completed or are in the process of completing the Apexus 340B Operations Certification. We have greater than 25 years of combined 340B experience. We have a track record individually for being reliable and responsive. With the new Bizzell Group (comprised of pharmacists and technicians) conducting the HRSA audits, our company more closely mimics the process of the actual HRSA audit experience.

CONCLUSION

We look forward to partnering with UCONN Health affiliates and supporting your efforts to improve your compliance for your 340B program. We are confident we can meet the challenges ahead, and stand ready to partner with you in delivering an effective and supportive solution.

If you have questions on this proposal, feel free to contact Sherri Faber at your convenience by email at sfaber@340BCompliancePartners.com or by phone at (304) 964-3903. We will be in touch with you to arrange a follow-up conversation on the proposal.

Thank you for your consideration,

Sherri D. Faber, RPh, MHA
President of 340B Compliance Partners



PROPOSAL FOR SERVICES

340B Drug Program Silver Level Partnership Plan



Pharmacy Consultants, Inc.
DBA 340B Compliance Partners
Roaring Spring, PA

Overview

340B Compliance Partners is pleased to submit this proposal for services to support UCONN Health in achieving its goals for improving and maintaining compliance and integrity for its 340B program. The Silver Level Partnership Plan provides the annual independent audit fees over 12 months with availability of 340B Compliance Partners throughout the 2-year contract term for guidance, questions, and reaching out to governing bodies anonymously for clarifying questions from HRSA/Apexus/Connecticut State Medicaid, etc. for the specific 340B registration for JDH. 340B Compliance Partners is a pharmacist-owned and operated private company. Guidance and audits are provided by pharmacists and pharmacy technicians to more closely resemble the current HRSA 340B program audits. We are committed to a beneficial partnership to improve your program and will be responsive, reliable and thorough. Our corporate slogan states our mission and what we provide as your partner: “The guidance you want. The analysis you need.”

The Objective

- ❖ Conduct annual on-site independent third-party audit for the following registered entity:
DSH070036
- ❖ Mimic HRSA audit to prepare client for selection for audit in identifying strengths and opportunities for improvement.
- ❖ Serve as a resource for guidance and seeking answers throughout the term of the contract.
- ❖ Contact regulatory bodies on behalf of the CE while maintaining CE’s anonymity to ask clarifying questions related to the 340B Program Operations
- ❖ Provide ongoing staff and stakeholder education to assist with meeting HRSA expectations.

The Opportunity

- ❖ Goal #1: Promote continuous readiness and compliance for 340B program
- ❖ Goal #2: Identify HRSA audit expectations for your entity
- ❖ Goal #3: Make recommendations that maximize the savings and revenue opportunities of the 340B program
- ❖ Goal #4: Work with pharmacy staff and others to provide education and guidance

for ongoing internal audits and program integrity

The Solution

1. A. The Client hereby agrees to engage the Consultant to provide the Client with the following consulting services (the "Services") for DSH:

- ❖ Service will include providing the annual independent audit from each universe i.e. parent, various service sites or child sites, and contract pharmacy settings. Auditors will mimic the HRSA audit. Detailed audit process/ content for audit is provided confidentially to client and 340B Compliance Partners prides itself in the detail level of the independent audit. A minimum sample from each child site and each contract pharmacy are incorporated to analyze all systems and sites.
- ❖ Mimic HRSA audit with level of detail entity desires, including walking through entire process of sending an email to Authorizing Official, pre-audit conference call, data request with comparable deadlines, and finally on-site portion for at least two to three days or longer depending on scope and sample size with a final report for entity to create a CAP. If unable to provide onsite audit, a virtual audit will be conducted covering the same data
- ❖ Kickoff meeting with Stakeholders- includes guidance of where each will fit into HRSA audit process
- ❖ Verification of all items needed to prove eligibility
- ❖ Complete review of Policies and Procedures
- ❖ Review of accuracy of HRSA database for all addresses
- ❖ Review of pharmacy accounts to order medications
- ❖ Meet with staff to discuss topics auditor will ask for ex. Buyer to discuss order determination process
- ❖ Demonstration of split-billing system
- ❖ Patient definition
- ❖ Provider file
- ❖ Eligibility process for provider, credentialing, contracting
- ❖ Process when provider no longer eligible
- ❖ Contracts with contract pharmacies reviewed
- ❖ Samples from all universes will be reviewed:
Primary entity, Child Sites, Entity-Owned retail (if applicable), and Contract Pharmacy will be used for samples [eligible location, eligible provider, eligible patient, verify insurance, verify medical record documentation of either administration in mixed-use or of prescription submission to pharmacy, billing modifiers (if needed)]

- ❖ Accumulator functionality is reviewed for each sample selection with replenishment analysis
- ❖ Review process for changes in accumulator- if applicable
- ❖ Inventory process: tour of med areas for storage and discussion of restock
- ❖ GPO Prohibition analysis
- ❖ Medicare billing analysis for drugs purchased at 340B (G and K status drugs)
- ❖ Medicaid Carve-in/Carve-out status and appropriate billing per SPA
- ❖ Review of minutes of 340B Oversight Committee or equivalent
- ❖ Review internal audit process, frequency, documentation, reported to?
- ❖ Material Breach defined in policies and records of any self-disclosure
- ❖ Review location files for eligibility from billing files
- ❖ Hard copy prescription review from contract pharmacies
- ❖ Physical site visits to service locations- as many as possible
- ❖ Visit a local contract pharmacy to view understanding of staff as it relates to 340B
- ❖ Round-table of things to consider for audit i.e. if physicians write prescriptions for themselves, hallway prescriptions for co-workers, etc.
- ❖ Power Point Educational session provided on-site to audience of choice (arranged in advance for appropriate level of content) Assists in meeting expectations of ongoing education of staff
- ❖ Exit Conference to discuss concerns and answer questions
- ❖ Complete written report of what is going well and what opportunities exist as well as potential risk points within four weeks of exit.
- ❖ Available for guidance throughout the term of the contract
- ❖ Contact Apexus, HRSA or state Medicaid programs to gain clarity on questions related to 340B Program

2. The Services will also include any other consulting tasks which the Parties may agree upon. As an annual independent audit client, 340B Compliance Partners will come onsite if requested when actual HRSA audit is conducted for a significantly discounted rate.

OUR PROPOSAL

UCONN Health have a desire to be completely compliant with the 340B Program while maximizing the potential savings to meet the 340B program's intent. However, faced with the complexities of the program and time-consuming internal audit requirements,

UCONN Health face the possibility of ongoing missed opportunities and risk of HRSA audit findings for non-compliance.

Our partnership will assist UCONN Health Affiliates in meeting their goals for compliance and maximizing savings.

Technical/Project Approach

Our goal is to study your 340B program, examine results of any prior HRSA audits to assist with any corrective action, learn about your systems and processes, mimic the HRSA audit with the onsite audit and remote reviews, provide guidance for a strategic ongoing audit plan, and serve as your partner for compliance and integrity.

The actual process will be the following:

1. Contracts fully executed
2. Choose onsite dates
3. Schedule the process initiation approximately 30 days in advance of onsite
4. Covered Entity to choose audience for onsite educational offering if desired
5. Email sent to Authorizing Official to notify of upcoming mock audit
6. Kick-off call scheduled and held within a few days of email
7. Data requests will be sent to designated 340B stakeholders with deadlines prior to call and will be reviewed during the kick-off call
8. Designated individual will be provided access to a shared folder to submit data files and all requested documents
9. Two Auditors will conduct a 3-day onsite portion of audit for DSH each year of the agreement. Virtual audit will be conducted if travel is restricted due to state or national emergency.
10. Detailed mock audit report will be prepared for submission to the Authorizing Official and Primary Contact or designee(s).
11. Contact Information is available to 340B Stakeholders to reach out throughout the term of the contract for guidance and research on behalf of the Covered Entities.

Timeline for Execution

Kick off for this contract is upon completion of all signatures unless otherwise negotiated.

Key project dates are outlined below. Dates are best-guess estimates and are subject to change until a contract is executed.

Description	Start Date	Onsite Date	Duration
Annual independent audit onsite: UCONN Health DSH070036	Prep TBD	Onsite TBD	30 days advance prep with minimum 3 days onsite, with final report completion due 30 days post onsite exit conference

Supplied Material/ Entity Responsibilities

The following materials are to be supplied by UCONN Health for this project. For 340B Compliance Partners to meet project milestones, this material must be supplied on schedule. The due dates included in the following table represent our best guess based on current proposed dates:

Materials to be supplied by UCONN Health	Due Date
All materials that would be requested in preparation for HRSA audit- complete list to be provided with kick off call and communication	TBD
Staff available for kickoff call and onsite visit to get best result from audit and education	TBD
6 months of data requests at a designated time to mimic HRSA audit representing 6 months in 2020 and 6 months of data at a designated time to mimic HRSA audit representing 6 months in 2021	TBD

EXPECTED RESULTS

We expect our proposed solution to UCONN Health Affiliates' audit needs to provide the following results:

- ❖ Provide the analysis you need with the guidance you want
- ❖ Provide a snapshot of program integrity and compliance

- ❖ Instill confidence in staff with an educated approach to a robust, compliant 340B program
- ❖ Provide feedback for potential findings and opportunities for improvement

PRICING

The following table details the pricing for delivery of the services outlined in this proposal. This pricing is valid for 30 days from the date of this proposal: exp September 10, 2020. UCONN Health Affiliates agree to serve as a reference for 340B Compliance Partners upon successful completion of meaningful services. Other services available for additional fees such as creation of robust policies and procedures, individualized training programs for 340B Coordinators, negotiation and set-up of contract pharmacies, TPA selection and negotiations.

Services Cost Annual Independent On-site audit	Cost
<p>Annual Independent on-site audit and ongoing consultation is a monthly flat fee due on the 1st of the month that begins that month's service for a 24-month term.</p> <p>1. DSH070036 UCONN Health</p>	<p>\$2700/month for 24 months</p>
<p>Actual out-of-pocket expenses incurred in connection with the completion of our engagement, such as travel costs, mileage and tolls, meals.</p>	<p>Capped at \$2800 for DSH</p>

QUALIFICATIONS

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We look forward to partnering with UCONN Health affiliates and supporting your efforts to improve your compliance for your 340B program. We are confident we can meet the challenges ahead, and stand ready to partner with you in delivering an effective and supportive solution.

If you have questions on this proposal, feel free to contact Sherri Faber at your convenience by email at sfaber@340BCompliancePartners.com or by phone at (304) 964-3903. We will be in touch with you to arrange a follow-up conversation on the proposal.

Thank you for your consideration,

Sherri D. Faber, RPh, MHA
President of 340B Compliance Partners

ATTACHMENT 2.6

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
September 2, 2021

Public Act No. 21-145


















**AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE AUDITORS OF PUBLIC ACCOUNTS
Informational Purposes**

Public Act No. 21-145, which implements recommendations of the Auditors of Public Accounts, was approved on July 7, 2021. Section 4 of this act requires UConn and UConn Health to notify the Auditors of Public Accounts at least fifteen days prior to entering into or amending contract for auditing services, and (2) not enter into or amend such contract until the Auditors of Public Accounts have advised the agency whether the auditing services could be provided by said auditors. The provision of this Act is effective on or after October 1, 2021.

ATTACHMENT 3.1

University of Connecticut & UConn Health
 Joint Audit & Compliance Committee Meeting
 September 2, 2021

Office of Audit and Management Advisory Services
 Status of Open Audits
 As of July 31, 2021

Audits Approved in the 2021 Audit Plan	Campus	Current Status	Anticipated JACC Meeting			
			Sep 2021	Dec 2021	Mar 2022	Jun 2022
Accounting for Equipment Upon Faculty Separation	UC/UH	Final Draft				
Approval Authority Review	UC	Fieldwork				
CARES Act Funding – UConn	UC	Draft				
CARES Act Funding – UConn Health	UH	Draft				
CI CBBIF & RMRF Awards Fiscal Year 2021	UC/UH	Final Draft				
Compensatory Time UConn	UC	Fieldwork				
Compensatory Time UConn Health	UH	Fieldwork				
Denials Management - Dental	UH	Fieldwork				
Denials Management - JDH & UMG	UH	Fieldwork				
Epic Application Security	UH	Fieldwork				
IT Change Control Management	UH	Fieldwork				
Injections and Infusions	UH	Fieldwork				
International Employees, Students & Visitors UConn	UC	Draft				
International Employees, Students & Visitors UConn Health	UH	Fieldwork				
Indirect Cost Recovery Revenues from Grants	UC/UH	Planning				
School of Business Entrepreneurial Programs on Stamford Campus	UC	Draft				
Student Health Services Electronic Prescriptions	UC	Fieldwork				
Controllable Property Inventory UConn	UC	Draft				

ATTACHMENT 3.2

University of Connecticut & UConn Health
 Joint Audit & Compliance Committee Meeting
 September 2, 2021

Status of Audit Findings
 Aging of Overdue Management Actions by Functional Area Based on Original Due Date
 As of July 31, 2021

Audit Area	Not Due			0-3 Mos			3-6 Mos			6-12 Mos			1-2 Yrs			2-3 Yrs		> 3 Yrs		Total
	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	L	M	L	M	
UConn																				
Athletics					2					1										3
College of Agriculture, Health and Natural Resources													1							1
Controller				1	1					1										3
Dining Services				1							1							1		3
Facilities Operations														7						12
Human Resources																		1	1	2
Information Technology Services			3		1		1	1	2	1			1					3		13
Labor Relations																			1	1
Office of the Provost																1				1
OVPR																			1	1
President's Office					1										1					2
Procurement														1		4	1	2	1	9
Public Safety																	1			1
Research Compliance Services	3																			3
School of Law																			1	1
School of Nursing													2							2
Student Activities							2			2										4
Student Affairs Administration										1	2		3	3						9
University Planning, Design and Construction															2					2
JDH Administration															1					1
School of Medicine	1																			1
UConn Total	4		3	2	5		3	1	2	6	3		7	15		5	2	10	7	75
UConn Health																				
Office of Institutional Equity										3	2									5
Ambulatory Care		2			4			1												7
CEO and EVP for Health Affairs								1			1									2
Controller													1	3	1					5
Environmental Health and Safety			2		1	1														4
Epic					1						2									3
Human Resources										1						3	2	3		9
Information Technology Services		1	1		2	3			1	2	5	3	2	7	5					32
JDH Administration		14			4	1		4	5		7		1	5	1					42
JDH and UMG Revenue Cycle Management					3								3	7	1					14
JDH Quality and Patient Services								1												1
OVPR									1											1
Procurement										1										1
School of Dental Medicine								1		1	1		4	3		1				11
School of Medicine													2		1	2				5
UConn Medical Group		3																		3
UConn Health Total		20	3		15	5		8	7	8	18	3	13	25	9	6	2	3		145
Total	4	20	6	2	20	5	3	9	9	14	21	3	20	40	9	11	4	13	7	220

Notes:

- The net number of management open actions decreased from 229 to 220 since the prior meeting report.

University of Connecticut & UConn Health
 Joint Audit & Compliance Committee Meeting
 September 2, 2021

Status of Audit Findings
 Aging of Overdue Management Actions by Finding Category Based on Original Due Date
 As of July 31, 2021

Finding Category	Not Due			0-3 Mos			3-6 Mos			6-12 Mos			1-2 Yrs			2-3 Yrs		> 3 Yrs		Total
	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	L	M			
UConn																				
Business Process Improvement	1			2	3		2			3	2			3		3		2	4	25
Business Purpose																		2		2
Documentation										1			1	2						4
Governance													3	1						4
Management Oversight													1				1			2
Monitoring											1		2			1			1	5
Physical Security of Assets														1						1
Policy	1				1		1	1		1				1		1	1	2	2	12
Regulatory Compliance	2													1				3		6
Security			3						2					6						11
Segregation of Duties										1										1
Use of Resources					1													1		2
UConn Total	4		3	2	5		3	1	2	6	3		7	15		5	2	10	7	75
UConn Health																				
Business Process Improvement					1	1		2	3	1	5		3	2	2	4	1	1		26
Documentation		9						2		2			3	4		1				21
Governance						1											1			2
Management Oversight		2			1						1		2	3	1					10
Monitoring					2			1			2			2				1		8
Physical Security of Assets											1	1								2
Policy		3	2		2			2	2	2	5	1	3	4				1		27
Regulatory Compliance		4			6					2	2									14
Security		1	1			2			2			1		5	1					13
Technology					2			1			2			2	5					12
Training		1			1											1				3
Use of Resources						1				1			2	3						7
UConn Health Total		20	3		15	5		8	7	8	18	3	13	25	9	6	2	3		145
Grand Total	4	20	6	2	20	5	3	9	9	14	21	3	20	40	9	11	4	13	7	220

**University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
September 2, 2021**

**Status of Audit Findings
Status of Audits with Open Management Actions
As of July 31, 2021**

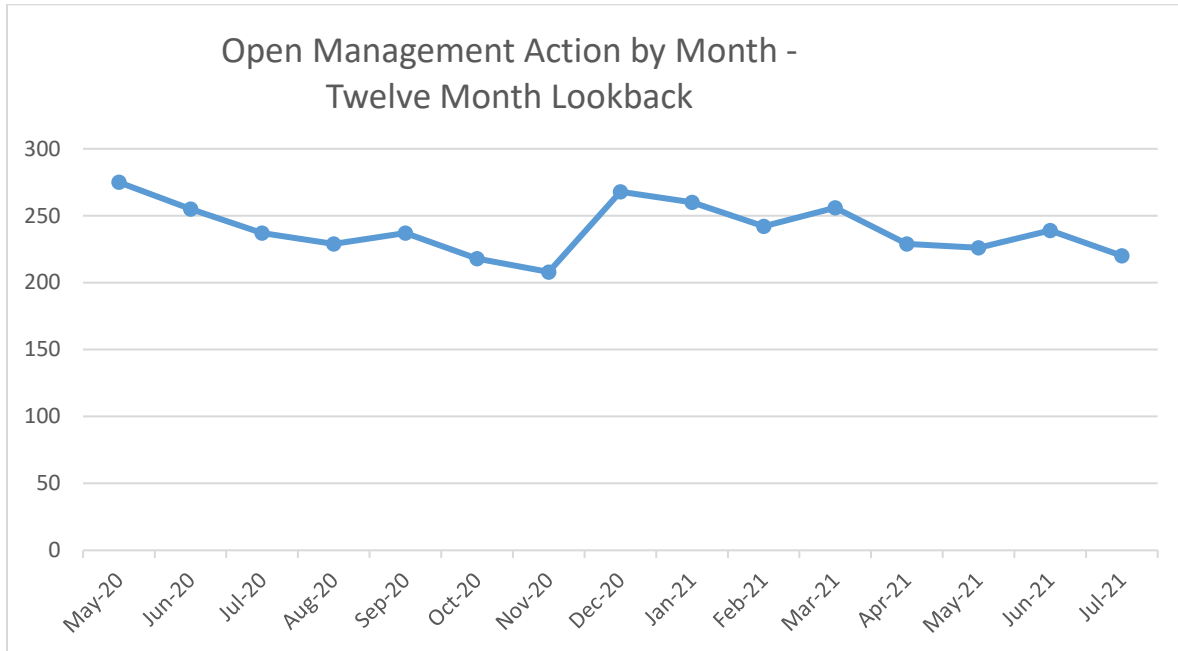
Audit Title	System	Quarter Presented to JACC	Total Actions	Open				Closed			
				L	M	H	Total Open	L	M	H	Total Closed
UConn Health Disaster Recovery	UH	Mar-19	8		3	5	8				
JDH Controlled Substance Monitoring	UH	Jun-19	18		1		1	1	16		17
Gilbane Long Term Contract Review	UC	Sep-19	5		2		2	1	2		3
UConn Travel Audit	UC	Sep-19	24		1		1	3	16	4	23
Wireless Network Administration & Security	UC	Sep-19	5	1			1		4		4
Patient Accounts Receivable and Contractual Allowance	UH	Sep-19	19	4	10	2	16	1	2		3
UH Wireless Network Administration & Security	UH	Sep-19	10	2	6		8		2		2
Cogen Power Plant Cybersecurity	UC	Dec-19	8		7		7		1		1
UConn Student Clinical Placements	UC	Dec-19	18	7	4		11	5	2		7
University of Connecticut Foundation - FY19	UC/UH	Dec-19	5		1		1	1	3		4
JDH Operating Room	UH	Dec-19	18		5	1	6		12		12
Dental Financial Compensation Plans	UH	Dec-19	5	2	3		5				0
Student Health Services Radiology	UC	Mar-20	14		2		2	6	6		12
UH Research Data Security	UH	Mar-20	9			3	3		3	3	6
Americans with Disabilities Act Compliance Review	UH	Jun-20	10	4	3		7	1	2		3
Controllable Property: Personal Assistant Devices	UH	Sep-20	15	4	6	4	14			1	1
UConn Patch Management	UC	Sep-20	11	2	1	1	4	1	4	2	7
UConn Athletics Travel Audit	UC	Dec-20	16	3	3		6	8	2		10
University Catering	UC	Dec-20	11	1	2		3		8		8
Clinical Conflict of Interest	UH	Dec-20	12		6		6	1	5		6
Review of Selected Notices Required by Medicare	UH	Dec-20	21		16		16	1	4		5
USG Student Group Funding Request Process	UC	Dec-20	7	4			4	3			3
Pathology	UH	Mar-21	18		6	6	12		5	1	6
Financial Conflict of Interest in Research	UC	Mar-21	4	3			3	1			1
University of Connecticut Foundation - FY20	UC/UH	Mar-21	3	1			1	2			2
Telecommuting Cybersecurity Controls – UConn	UC	Mar-21	12		1	4	5		2	5	7
Environment of Care Project	UH	Jun-21	5		1	3	4		1		1
Psychiatric Outpatient Services	UH	Jun-21	20		20		20				0
Telecommuting Remote Access Security – UH	UH	Jun-21	6			3	3		1	2	3
Sixteen Audits Issued Prior to 2019		Various	196	29	11	0	40	83	73	0	156
Total			533	67	121	32	220	119	176	18	313

Notes

- The schedule represents a list of 29 audits presented to the JACC since 2019 that have at least one required open management action and a summary of open management actions for 16 audits presented prior to 2019.
- Since the prior meeting, 5 audits were closed in which 4 audits were presented prior to 2019 and three audits were added to the list.
- All the open actions that were included in the audits presented to the committee prior to and including September 2020 are overdue.

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
September 2, 2021

Status of Audit Findings
Trend Analysis of Monthly Balances of Open Management Actions
As of July 31, 2021



Analysis:

The increases in the four months were the result of new management actions required to resolve new observations identified in audits that went final.

The effective collaboration between UConn and UConn Health and AMAS reflects a continued commitment to resolving outstanding open actions, as depicted in the downward trend in the above line graph minus the upticks for new required management actions.

University of Connecticut & UConn Health
 Joint Audit & Compliance Committee Meeting
 September 2, 2021

Status of Audit Findings
 Management Actions Closed By Functional Areas by Risk Level
 For the Period May 1, 2021 to July 31, 2021

Audit Area	Implemented		Recommendation Moved to / Included in Another Audit	Total
	Low	Medium	Medium	
UConn				
UC Athletics	5			5
UC Controller	5	4		9
UC Dining Services		2		2
UC EVP of Administration and CFO	2	1		3
UC Facilities Operations	1			1
UC Human Resources			1	1
UC Information Technology Services		2		2
UConn Total	13	9	1	23
UConn Health				
UCH Controller	2			2
UCH Human Resources	1			1
UCH Information Technology Services		3		3
UCH JDH Administration		4		4
UCH School of Dental Medicine	2			2
UCH School of Medicine	1			1
UCH Environmental Health and Safety		1		1
UConn Health Total	6	8		14
Total	19	17	1	37

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
September 2, 2021

Status of Audit Findings
Risk Level Descriptions

Rating Level Descriptions:

- L (Low): Meaningful reportable issue for client consideration that in the Auditor's judgment should be communicated in writing. The finding results in minimal exposure to UConn or UConn Health and has little or no impact on the UConn's or UConn Health's compliance with laws and regulations. The issues related to this control weakness will typically not lead to a material error.
- M (Medium): Significant exposure to the area under review within the scope of the audit. The finding results in the potential violation of laws and regulations and should be addressed as a priority to ensure compliance with UConn's or UConn Health's policies and procedures. The significance of the potential errors related to this control weakness makes it important to correct.
- H (High): Significant exposure to UConn or UConn Health that could include systemic UConn or UConn Health wide exposure. The finding could result in a significant violation of laws and regulations and should be viewed as a highest priority which UConn or UConn Health must address immediately.

ATTACHMENT 3.3

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting

September 2, 2021

Audit and Management Advisory Services

This section is intended for

Audit and Management Advisory Services

For

Fiscal Year 2022 Audit Plan

Document will be provided separately

ATTACHMENT 4.1

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting

September 2, 2021

Office of University Compliance

This section is intended for

Office of University Compliance

For

Fiscal Year 2022 Compliance Plan

Document will be provided separately

ATTACHMENT 4.2

University of Connecticut & University of Connecticut Health Center Joint Audit & Compliance Committee Meeting

SIGNIFICANT COMPLIANCE ACTIVITIES

Investigations – As of August 12th, University Compliance received 61 reports in 2021, 29 of which are specific to UConn Health locations.

Education and Awareness –University Compliance partnered with the Ombuds Office and Organizational and Staff Development to hold a workshop for supervisors and managers at UConn and UConn Health regarding managing and responding to reported compliance concerns. Participants engaged in small group discussions and case studies to provide realistic opportunities to problem solve and enhance skills.

Compliance Monitoring - University Compliance completed its monitoring efforts with the Office of Veterans Affairs and Military Programs, which resulted in the development of a University-wide policy on recruitment strategies, training for specific individuals with responsibilities for providing resources/support to veteran and military students, as well as the enhancements to website content.

Ethics – At its July 22nd meeting, the Citizen’s Ethics Advisory Board of the Office of State Ethics approved the University’s policies regulating student employment pursuant to General Statutes § 1-90a, which exempts student employees from the provisions of the State Code of Ethics.

Privacy Update - University Compliance launched a new online FERPA training. The training provides an overview of student privacy policies and procedures and is available to the entire University community.

University Compliance is in the planning stages of a comprehensive data inventorying initiative. The initiative will aim to identify the flow of personal information at the University to improve the management of its access and use.

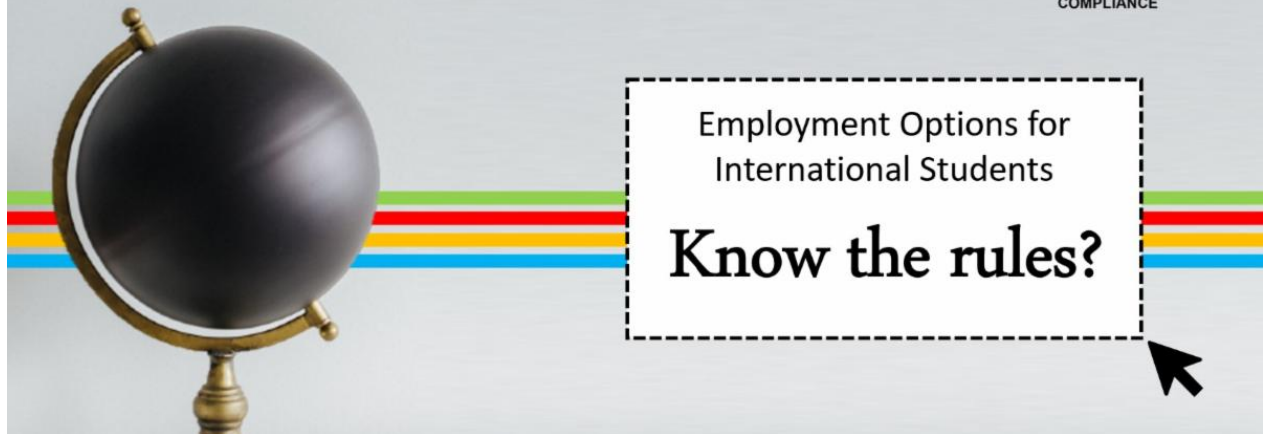
Policy Update – University Compliance worked with the Executive Steering Committee to identify Policy Contacts across the UCH enterprise. These contacts will develop and submit their respective area’s policy manual (i.e., formatted policy repository with key indicators such as mandated regulatory policy review cycles, date last approved, and approval workflow). OUC is also working with the Steering Committee to develop a project resource plan, which includes assembling a Migration Team of UCH employees that will be temporarily partially reassigned to work on the software migration.

ATTACHMENT 4.3

NCAA Compliance Update

No Attachment
Presentation Only

ATTACHMENT 4.4



Did you know that employment authorization to allow international students to work in the U.S. is regulated by law? International students on F-1 and J-1 visas may only work on or off campus within the employment rules authorized by their visa.

On Campus Work



International students with F-1 visas may work on campus up to 20 hours per week during the academic term.

During a student's vacation term, international students may work more than 20 hours per week. However, international students graduating in summer or in a program requiring summer enrollment, are not considered to be in a vacation term and must restrict on campus employment to 20 hours per week.

Please Note: J-1 visa holders must obtain written authorization from UConn's International Student & Scholar Services (ISSS), prior to working on campus.

Students who work on-campus more than 20 hours per week during the academic term, or who work off-campus without authorization may be in violation of their visa status.

Off Campus Work



International students may not work off campus in any capacity without special authorization, including:

- An Employment Authorization Document permitting work for students with unexpected economic hardship
- A job or internship authorized by ISSS and U.S. Citizenship and Immigration Services for Optional Practical Training (OPT). OPT is for work directly related to the field of study and may be granted during and after a student's academic program.
- An internship authorized by ISSS for Curricular Practical Training (CPT). CPT is for work that is part of the student's academic curriculum, e.g. an internship that meets a course requirement or degree requirement.

Other Situations Requiring OPT or CPT Authorization



Unpaid internships, clinical placements and practicum courses



When starting a business or participating in UConn entrepreneurial programs

Related Resources

[ISSS website](#)

[CPT Information](#)

[OPT Information](#)

TEST YOUR KNOWLEDGE

Now that you've engaged with these resources, be sure to take our "**test your knowledge**" challenge by clicking below.

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Farmington, CT 06030-8214

[Office of University Compliance](#) | Individual Responsibility • Institutional Success

Upcoming Virtual Workshop

Register Today

Navigating Reported Compliance Concerns

Wednesday, July 28th 10:00 – 11:30 AM

The Office of University Compliance will host a virtual workshop for managers and supervisors on **Wednesday, July 28th from 10:00 - 11:30 AM**. This workshop is designed to provide information and guidance related to the process for responding to reported compliance concerns.

What to Expect



COLLABORATE

Participants will collaborate with other supervisors to discuss the effective management of reported concerns in their areas.



STRATEGIZE

Through realistic case studies and small group discussion, participants will learn best practices as well as common pitfalls.



LEARN

Guidance will be provided from both experienced investigators as well as experts in conflict resolution.

Interested in Attending?

[CLICK HERE TO REGISTER](#)

HEALTHCARE COMPLIANCE AND PRIVACY MATTERS



June 2021

Exclusions Checking at UConn Health

Did you know that UConn Health conducts “exclusion checks” on its employees, contractors, vendors, students, residents, fellows and volunteers to ensure compliance with Federal law?



[Read More](#)

Snooping and the Patient Lookup Feature

If your job requires access to Epic or axiUm, you must have a job-related need to access patient information in those systems, including the “Patient Lookup” feature.



[Read More](#)

Office of Healthcare Compliance and Privacy
263 Farmington Avenue, Farmington, CT 06030

Phone: 860.679.4177 **Fax:** 860.679.1016

UConn
HEALTH

HEALTHCARE COMPLIANCE AND PRIVACY MATTERS

UCONN HEALTH

July 2021

What's the Plan?

Do you know what the OIG Work Plan is or who the OIG is? At UConn Health, operational owners and the Office of Healthcare Compliance and Privacy collaborate to review and evaluate the Work Plan on a quarterly basis.

[Read More](#)



[Office of Healthcare Compliance and Privacy](#)
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UCONN
HEALTH

ATTACHMENT 5.1

University of Connecticut
Joint Audit & Compliance Committee Meeting
Public Session
September 2, 2021

UConn – Information Technology Services

Financials FY2022 Operating

State Appropriation and Tuition Budget and Forecasted Expenditures:

	Budget	<u>\$39.1M</u>
Forecasted Personal Services and Fringe Benefits		\$28.7M
Forecasted Operating Expenses		<u>\$ 10.4M</u>
Forecasted Carryforward		<u>\$.0M</u>

To date in FY2022 ITS's operating budget was cut by \$765K, our deferred maintenance budget remains at \$1.7M and our 5-year wired access layer refresh budget was decreased to \$4.0M (our original request was 5-years at \$6.0M per year and FY2022 is year 3).

Also, in FY2022, ITS requested and will receive operating budget for the director of high-performance computing position and the second half (\$800K) of the \$1.6M for high performance capital investments. The Director of HPC has been put in place and they will be moving forward with the pending capital investments.

Information Technology Staffing (as of 8/9/2021)

- ITS has three new open positions:
 - o (1) Information Security Analyst 2 for CEN
 - o (1) Data Administrator 1 or 2 for Enterprise Systems
 - o (1) Software Developer 1 for Enterprise Applications
- There have been six new hires since May 10, 2021:
 - o (2) Information Security Analyst 1 or 2 for Security
 - o (1) Computer Support Technician 2 for Campus Technology
 - o (1) System Administrator 1 for Enterprise Systems
 - o (1) System Administrator 2 for Research IT
 - o (1) Network Administrator 3 for Network Engineering
- One Special Payroll position was extended through December 31 in Research IT
- Three Graduate Students were hired for the term of 8/23/21 -5/22/22
- Since May 10, ITS has had three employees separate as a result of retirements:
 - o Effective 7/1/2021 (1) in the Networking Engineering.
 - o Effective 8/1/21 (1) in the Administration Unit.
 - o Effective 8/1/21 (1) in the Enterprise Applications Unit.
- Since May 10, ITS has had two employees transfer to the Bursar's Department.

Major Outages (as of 6/1/2021 - 08/05/2021)

<u>Outage Taxonomy</u>	<u># of Issues</u>	<u>Systems Affected</u>
Network Issue - Hardware	1	Avery Point – Fiber cut affecting service in area
Network Issue - Software	0	
Network Issue – Request Flood	0	
System Issue - Hardware	0	
System Issue - Software	1	Issues with Aurora caused widespread web page outage
Third Party	3	1) AWS Outage affected HuskyCT 2) Performance issues on Huskybuy 3) Performance issues on Parking System

Total # of Major Outages: 5

UConn – IT Projects Status (as of 08/05/21)

Project Name	Brief Project Description	Planned Budget	Actual Spend	Status	Rational for Yellow and Red Status	Expected Completion Date
WALR FY 2021 Phase 2	Upgrade all network equipment and wired access infrastructure for the University	\$4.200M	\$2.341M	GREEN	On track	10/31/2021
WALR FY 2022 Phase 3	Upgrade all network equipment and wired access infrastructure for the University	\$4.000M	\$0	YELLOW	Funding was decreased from request and approval has been delayed, therefore start is delayed.	10/31/2022
Concur	Implement travel and expense system	\$3.100M	\$1.125M	COMPLETE		4/30/2021
Parking	Upgrade Parking Software	\$0.413M	\$0.312M	GREEN	Software upgrade completed. Final step, License Plate Recognition, is tracking ahead of new target date.	10/31/2021
HR Payroll Data Mart	First phase of HR Payroll data mart	\$0.156M	\$0.047M	YELLOW	Functional resource allocation lower than forecast	12/31/2021
AIX Migration	Migrate all applications off of IBM AIX platform	Internal	Internal	COMPLETE		3/1/2021

ATTACHMENT 5.2

Joint Audit & Compliance Committee: September 2021

UConn Health Information Technology Services

Key Takeaways

- **Budget FY 2021 Final: 1.6% under**
- **Five positions open and on hold pending review**
- **Completed 12 projects since March meeting**
- **All projects save one are green**
- **Two meetings of IT Governance occurred to prioritize major projects**
- **Epic focus continues to be on vaccine roll-out (mandatory vaccination and Delta variants) but some projects that have been on hold begin to move forward**

University of Connecticut
Joint Audit & Compliance Committee Meeting
Public Session
September 2021

UConn Health – Information Technology Services

Financials FY2021 Operating

State Appropriation and Tuition Budget and Forecasted Expenditures:

Budget	<u>\$53,640,588</u>
Personal Services and Fringe Benefits	<u>\$37,539,854</u>
Purchased Services	<u>\$14,004,616</u>
FY21 Actual	<u>\$52,763,278</u>
Variance	<u>\$(877,310)</u>

Information Technology Staffing (as of 5/1/2021)

Open Positions, Positions on Hold, Terminations and the areas they represent.

1. Epic area: Credentialed Trainer for Revenue Cycle – On hold
2. Director Business Intelligence - Interviewing
3. Application Analyst – On Hold
4. Business System Analyst – On Hold
5. Credentialed Trainer – On Hold

Outages (as of 4/30/2021)

<u>Outage Taxonomy</u>	<u># of Issues</u>	<u>Systems Affected</u>
3 rd Party Routers 7/13/21	1	3 hour downtime for some remote workers
CEN Internet disruption (3 rd party)	1	2 hour downtime for systems reliant on integration engine

Total # of Outages: 2

UConn Health– IT Projects Status (as of 7/30/2021)

Project Name	Brief Project Description	Planned Budget	Actual Spend ¹	Status	Rational for Yellow and Red Status	Expected Completion Date
Marcum Cybersecurity risk assessment	Cybersecurity risk assessment in accordance with industry standards and regulatory requirements	\$356,000	\$332,321	Green	Targeted ransomware campaign diverted internal resources for several weeks	2/28/2021 Completed
Epic vNov20 Upgrade	Routine maintenance	0	0	Green	Twice per year	Completed May 2021
Epic vFeb20 Upgrade	Routine maintenance	0	0	Green	Twice per year	Aug 2021
HDA Legacy Systems Archive	Multiple legacy clinical system's data to be archived into Harmony Health Data Archiver	0	0	Green	Routine maintenance	6/1/2021
IT Infrastructure & Security Program	Consists of 13 projects from Infrastructure & External Security Assessments	\$6,086,000	32,473	Green	Projects will be completed over 3 Fiscal Years See Next Page for details	FY2023
Windows 7 & Server 2008 Migration	Upgrade all Win7 desktops to Win10 and Server 2008 OS	0	0	Green	Combined with IT Infrastructure & Security Program	Q2 2022
Epic MyChart Bedside	Ability for patients to participate in their care.	0	0	Green	Scoping	Q3 2021
Windows 365	Migrate to cloud based Microsoft Productivity Suite and associated Security tools	\$960,000				Jan/22
Mandatory Vaccine Policy Rollout	Implement organizational policy on mandatory COVID vaccination	0	0			August 2021
Complete Network Access Control		0	0	HOLD	Hold pending infrastructure investments (switches)	September 2021