UCONN
UNIVERSITY OF CONNECTICUT

UCONN
HEALTH

JOINT AUDIT & COMPLIANCE COMMITTEE MEETING

June 13, 2024

PUBLIC SESSION

Virtual Meeting

Public Streaming Link (with live captioning upon request): https://ait.uconn.edu/bot

(A recording of the meeting will be posted on the Board website https://boardoftrustees.uconn.edu/ within seven days of the meeting.)

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University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
June 13, 2024
Agenda

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

Virtual Meeting

Public Streaming Link (with live captioning upon request): *https://ait.uconn.edu/bot*

(A recording of the meeting will be posted on the Board website https://boardoftrustees.uconn.edu/ within seven days of the meeting.)

Topic	Proposed Action	Attachment
Executive Session Anticipated	Review	None
1. GENERAL		
• Public Comment*		None
• Minutes of the March 7, 2024, Meeting	Approval	1.1
2. EXTERNAL AUDIT ACTIVITIES		
• Status of External Audit Engagements	Update	2.1
• 340B Compliance Partners - UH John Dempsey Hospital (JDH) 340B Program Audit for the period of June 1, 2023 – November 30, 2023	Summary Findings	2.2 2.3
• 340B Compliance Partners - UH Ryan White Part A (RWI) 340B Program Audit for the period of April 1, 2023 – September 30, 2023	Summary Findings	2.4 2.5
• 340B Compliance Partners - UH Hemophilia Treatment Center (HTC) 340B Program Audit for the period of June 1, 2023 – November 30, 2023	Summary Findings	2.6 2.7
• Auditors of Public Accounts – State of Connecticut Single Audit Report for the Fiscal Year Ended June 30, 2023	Presentation	2.8
3. SIGNIFICANT INTERNAL AUDIT ACTIVITIES		
• Status of Audit Assignments	Update	3.1
• Status of Audit Observations	Update	3.2
4. COMPLIANCE ACTIVITIES		
• Significant Compliance Activities	Update	4.1
• Office of University Compliance Charter	Approval	4.2
• University Compliance Data Summary Annual Report	Presentation	4.3
• Healthcare Compliance and Privacy Dashboard	Presentation	4.4
• Informational/Educational Items	Informational	4.5
5. INFORMATION TECHNOLOGY		
• UConn	Update	5.1
• UConn Health	Update	5.2
6. OTHER BUSINESS		
7. ADJOURNMENT		

PLEASE NOTE: If you are an individual with a disability and require accommodations, please e-mail the Board of Trustees Office at boardoftrustees@uconn.edu prior to the meeting.

* Individuals who wish to speak during the Public Participation portion of the Thursday, June 13, meeting must do so 24 hours in advance of the meeting's start time (i.e., 10:00 a.m. on Wednesday, June 12) by emailing BoardCommittees@uconn.edu. Speaking requests must include a name, telephone number, topic, and affiliation with the University (i.e., student, employee, member of the public). The Committee may limit the entirety of public comments to a maximum of 30 minutes. As an alternative, individuals may submit written comments to the Committee via email (BoardCommittees@uconn.edu), and all comments will be transmitted to the Committee.

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University of Connecticut & UConn Health
Joint Audit & Compliance Committee
Minutes of the Meeting of March 7, 2024
Telephone Meeting

ATTENDEES	
Committee Members	<u>Board of Trustees</u> Mark Boxer, Joshua Crow, Andrea Dennis-LaVigne, Jeanine Gouin <u>UConn Health Board of Directors</u> Francis Archambault, Jr., Timothy Holt
Other Trustees	Daniel Toscano
University Staff	Donald Babcock, Anne D'Alleva, Elle Box, Kimberly Fearney, Nicole Gelston, Jeffrey Geoghegan, Kim Hill, Andrea Keilty, Bruce Liang, Radenka Maric, Peggy McCarthy, Rick McCarthy, Michael Mundrane, Claire Murray, Gregory Perrotti, Angelo Quaresima, Janel Simpson, Scott Simpson, and David Wallace.
External Invitees	Patrick Quinn, and Brian Sullivan

Vice-Chair Boxer convened the Committee at 10:00 a.m.

1. Executive Session

On a motion by Director Archambault Jr., seconded by Director Holt, the Committee 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; and

- C.G.S. 1-200(6)(B) – Records or the information contained therein pertaining to strategy and negotiations with respect to pending claims; and

- C.G.S. 1-210(b)(10) – Records, reports and statements privileged by the attorney-client relationship; and

- 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.

The entire Executive Session was attended by the following:

Committee members: Boxer, Archambault, Jr., Carbray, Jr., Crow, Dennis-LaVigne, Gouin, and Holt.
Other Trustees: Toscano.

University Staff: Box, D'Alleva, Fearney, Gelston, Geoghegan, Hill, Keilty, Liang, McCarthy, P., Maric, Murray, Perrotti, Quaresima, J. Simpson, and S. Simpson.

The following University staff were in attendance for part of the Executive session: Babcock, McCarthy, Mundrane, and Wallace.

University of Connecticut & UConn Health
Joint Audit & Compliance Committee

Minutes of the Meeting of March 7, 2024

Telephone Meeting

The Executive Session ended at 10:41am, and the Committee returned to Open Session at 10:42 a.m.

2. Public Participation

No members of the public signed up to address the Committee.

3. Minutes of the December 21, 2024, Meeting

On a motion by Trustee Dennis-LaVigne, seconded by Trustee Gouin, the Committee voted to unanimously approve the minutes of the December 21, 2024, meeting.

4. External Audit Activities

Associate Vice President and Chief Audit Executive Quaresima provided an update on the status of external audit engagements.

Patrick Quinn and Brian Sullivan from Mayer Hoffman McCann P.C. presented their FY23 UConn 2000 Infrastructure Program Agreed Upon Procedures Report.

5. Significant Internal Audit Activities

Mr. Quaresima provided an update on the status of internal audits. The Committee reviewed and accepted three audit reports. The Committee was updated on the status of audit observations.

Mr. Quaresima informed the committee that AMAS recently hired two new Senior Internal Auditors to our staff. He introduced Charles Constant and Dana Kotler to the Committee. The committee was provided with a copy of the AMAS revised organizational chart.

6. Compliance Activities

Associate Vice President and Chief Compliance Officer Fearney provided the committee with an update on significant compliance activities, as well as several informational/educational items for their review.

Chief Healthcare Compliance & Privacy Officer Box presented an update on the Healthcare Compliance & Privacy Dashboard.

7. Information Technology Updates

Vice President and Chief Information Officer Mundrane provided an update on the UConn information technology activities.

Chief Information Officer McCarthy provided an update on UConn Health information technology activities.

8. Other Business

No Other Business was presented to the Committee.

9. Adjournment

On a motion by Trustee Gouin, seconded by Director Archambault, Jr., the Committee voted unanimously to adjourn the meeting. The Committee adjourned at 11:02 a.m.

Respectfully submitted,
Karen Violette

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

June 13, 2024

Status of External Audit Engagements

Auditor	Area	Scope	Current Status of Audit	Recent Report Issued	Recent Report – Recommendations & Areas for Improvement		
					Total	No Further Action / Implemented	Open
Clifton Larson Allen LLP	UConn Health	Audits of Financial Statements for UConn Health's John Dempsey Hospital, University Medical Group, & Finance Corporation	FY 24 No Activity	FY 23 Issued 11/21/23	2	0	2
James Moore & Co	UConn Athletics	NCAA agreed upon procedures performed on all revenues, expenses, and capital expenditures for the Athletics Program	FY 24 No Activity	FY 23 Issued 12/4/23	No Recommendations Reported		
Mayor Hoffman McCann P.C.	UConn & UConn Health	Annual agreed upon procedures on UConn 2000 Infrastructure Program as required by Section 10a-109z of the Connecticut General Statues (CGS)	FY 24 No Activity	FY 23 Issued 2/15/24	1	0	1
Pharmacy Consultants, Inc. (DBA 340B Compliance Partners)	UConn Health	Mock audits of UConn Health's 340B Drug Pricing Program covered entities required by Health Resources and Services Administration	CY 24 No Activity	CY 23 Issued 2/24, 2/24 & 2/24	10	9	1
State Auditors	UConn & UConn Health	Annual audit of Federal Funds required under the Federal Single Audit Act (SWSA)	FY 24 No Activity	FY 23 Issued 3/27/24	0	0	0
State Auditors	UConn	Annual audit of financial statements included in the Annual Comprehensive Financial Report (ACFR)	FY 24 No Activity	FY 23 Issued 12/8/23	No Recommendations Reported		
State Auditors	UConn Health	Annual audit of financial statements included in the Annual Comprehensive Financial Report (ACFR)	FY 24 No Activity	FY 23 Issued 12/8/23	No Recommendations Reported		
State Auditors	UConn	Departmental Statutory Required Audit (CGS Sec 2-90)	FYs 22 & 23 Underway	FYs 19, 20 & 21 Issued 8/15/23	22	6	16
State Auditors	UConn Health	Departmental Statutory Required Audit (CGS Sec 2-90)	FYs 23 & 24 Underway	FYs 21 & 22 Issued 11/9/23	12	0	12

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UCONN
HEALTH

**UCONN JOHN DEMPSEY
HOSPITAL**

340B Program and Sample Data Analysis
1-Jun-2023 Thru 30-Nov-2023

EXECUTIVE SUMMARY

Background

UConn Health John Dempsey Hospital is located in Farmington, CT and is registered as a Disproportionate Share Hospital (DSH) on the OPAIS database as DSH070036 with a start date of April 1, 2009, and last recertification date of August 22, 2023. UConn JDH has mixed-use, clinics, entity-owned pharmacies, and registered contract pharmacies. Currently, EPIC is used as the facility EMR with WellPartner, Walgreens, and Verity functioning as third-party administrators for the CE. There are also areas functioning under manual accumulation/dispensation.

UConn JDH contracted with 340B Compliance Partners to conduct the annual independent external audit of all functioning 340B universes for analysis of program compliance. This audit was conducted with an informational kick-off call on January 10, 2024, and on-site portion was February 6-8, 2024. Auditors were Sherri Faber, Steve Carter, and Joshua Gue.

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) guidance for Covered Entities as of February 6, 2024. These procedures were agreed to by Senior Management of UConn JDH. The primary areas of analysis for a DSH Covered Entity type are meeting eligibility requirements to be in the 340B program with proper recertification, avoiding diversion by establishing and maintaining eligible patient definitions and only counting 340B drugs for those patients, accurate information on the OPAIS Medicaid Exclusion File with processes in place to avoid duplicate discounts, proper oversight of contract pharmacy relationships, and robust Policies and Procedures to ensure programmatic compliance. Contract pharmacy agreements should include 12 elements identified by HRSA as deemed necessary for compliance.

130 total samples were selected for testing from all universes used by UConn JDH.

Analysis of the following has been completed:

A. Knowledge during pre-audit conference call
B. Accuracy of OPAIS Database
C. Verification of Eligibility
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. GPO Prohibition Compliance
I. Contract Pharmacy Registration Compliance
J. Provider File Review
K. Test staff knowledge of program (i.e., ordering processes, eligibility, etc.)
L. Internal Audit Processes
M. Multi-disciplinary oversight committee meetings
N. 12 Essential Elements in PSAs for contract pharmacy relationships

PROCEDURE NOTES AND FINDINGS

A: Knowledge during pre-audit conference

Staff active and engaged in kick off call held 10-Jan-2024. We followed an agenda currently in use by Bizzell US (consulting group conducting audits on behalf of HRSA) along with Q&A from the UConn team. Appropriate questions asked to prepare for a HRSA audit in the future.

B: Accuracy of OPAIS database

Pharmacy Services Agreements were compared against registrations of contract pharmacies on the OPAIS database. Minor address discrepancies were noted, but not a compliance concern.

C: Verification of eligibility

Covered entity meets all eligibility requirements as a disproportionate share hospital. DSH percentage is greater than 11.75%, CE is a not-for-profit entity owned by the state government. Recertification was completed timely and was last completed 22-Aug-2023.

D: Medicaid Carve-In/Carve-Out status

CE chooses to Carve-In for Connecticut FFS Medicaid in mixed-use universes and has accurate data on the MEF to do so. All contract pharmacy arrangements are Carve-Out, and there is appropriate oversight in place to ensure relevant BIN/PCN/GRP combinations are carved out via third-party administrators.

E: Policy and procedure review

All essential elements noted in HRSA data request list are addressed in CE policies. A few minor best practice recommendations are included in the Internal Work Plan for CE review.

F: Sample of dispensations tested for 340B eligibility

Samples were selected from all identified universes, as reported by the CE, with a total of 130 samples tested. Thorough analysis was completed for all including:

- Ordering provider eligibility
- Location eligibility
- Review of payer
- Review of encounters for responsibility of care
- Date and time of administration documented in mixed-use areas
- Review of patient status at the time of documented 340B eligibility
- Review of appropriate modifiers on claims, as required
- Review of accumulation and replenishment processes
- Prescription documentation in EHR to match hard copies supplied by contract pharmacies

Findings:
- Internal discussion needed to document in EMR when clarification on quantities is completed; otherwise it could appear that accumulation of quantity greater than authorized by provider order
- Potential over-accumulation due to ratio/BUPP not matching dispensing practice for multi-dose vials.
- Double check providers logging into certain locations to avoid the appearance of prescriptions emanating from an ineligible location

Areas for Improvement
- Recommend removing language from Policy around the eligibility of locations that will be eligible but do not yet appear on a filed MCR, given updated guidance from HRSA on this subject.
- Ensure policy is being followed with regard to RWI CE practicing within DSH CE space through quality assurance process. Sample found in DSH that should have qualified for RWI per policy. This is a repeat occurrence from previous audits.
- Ensure documentation of dispensations for just-in-time/consignment inventory matches purchasing records (Example: Sample 65)

G: Accumulator review

TPA was reviewed for each sample to demonstrate accumulation of dispense and subsequent replenishment. Five opportunities were noted.

H: GPO prohibition compliance

GPO prohibition compliance discussed with team. Staff members have a good understanding of HRSA expectations around this requirement. One opportunity was noted with a neutral inventory product with no initial WAC purchase.

I: Contract pharmacy registration compliance

Contract pharmacy registrations were reviewed to ensure fully executed PSA prior to registration on OPAIS with no deficiencies noted.

J: Provider file review

Discussion around provider file maintenance process was discussed on site, with a change in process since last year. Opportunities for improvement were noted with 4 samples originating from a provider not found on the supplied provider files, however the CE was able to demonstrate a contractual relationship with all sample providers after the on-site portion of the audit.

K: Staff knowledge of program

Held discussions on site with staff responsible for ordering medications and working in the central pharmacy in mixed-use setting. Processes in place to order on appropriate accounts, with key staff engaged and knowledgeable of program requirements.

L: Internal quality controls

Discussed on site with a review of elements tested. Audits were conducted in mixed-use and all other universes, mimicking the HRSA audit process for each sample chosen. Process was well addressed in policy and procedure.

M: Multi-disciplinary committee meetings

Discussed onsite. Covered entity has this committee established and meets as indicated in policy and procedures. Minutes of meetings were produced to document as such.

N: 12 Essential Elements

All Pharmacy Services Agreements were reviewed for incorporation of 12 essential elements as identified in the Federal Register by HRSA. No discrepancies were noted.

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 (CAP) 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 be expected for all Findings.

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

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FINDINGS AND AREAS FOR IMPROVEMENT OF THE INDEPENDENT OUTSIDE AUDIT
FOR JDH 340B PROGRAM

The JDH 340B program underwent an outside independent mock audit as required by Health Resources and Services Administration (HRSA) for the period of June 1, 2023 – November 30, 2023. This audit was conducted by 340B Compliance Partners with a kick-off, pre-audit, conference call on January 10, 2024, and the audit took place on-site on February 6 through February 8, 2024. 340B Compliance Partners completed the procedures, related to compliance with the 340B Drug Pricing Program, in accordance with the HRSA's guidance for Covered Entities.

FINDINGS:

1. Finding: "*Internal discussion needed to document in EMR when clarification on quantities is completed; otherwise, it could appear that accumulation of quantity greater than authorized by provider order.*"

During the review of the CE's mixed-use areas, the auditors saw a charge was dropped in the Electronic Health Record (EHR) for Kenalog injection that did not have a matching order in that patient's EHR. This discrepancy appears as if more of the 340B purchased medication was administered than was ordered.

340B Management Response:
The 340B Management team disagrees with this finding because the ordering provider is different than the provider who administers the drug during the procedure. The 340B team was able to demonstrate at the time of the audit that the amount administered was documented in the MAR under the notes of the original order as well as in the Study Result notes. We feel that this documentation demonstrates that the amount of drug that accumulated due to the charge drop coincides with what was administered to the patient.

Completion Date: 5/1/2024

2. Finding: "*Potential over-accumulation due to ratio/BUPP not matching dispensing practice for multi-dose vials.*"

During the review of the CE's mixed-use areas, the auditors found two insulin samples' doses administered were a fraction of the Healthcare Common Procedure Coding System (HCPCS) billing unit however the accumulated amount was the whole billing unit.

340B Management Response:
The 340B Management team agree that in certain instances with multi-dose vials, where the dose administered is less than the HCPCS billing unit, the 340B file feeds sent to the Third Party Administrator (TPA) did not pull data from the field in the Electronic Health Record (EHR) that depicts the actual dose administered. This resulted in accumulation of the whole billing unit instead of the actual dose which is a fraction of the billing unit. The 340B team is working with Epic team to update the logic of the 340B file feeds for the subset of multi-dose vial medications sent to the TPA. This update will be applied to our accumulators retrospectively to correct historical fractional doses that accumulated as a whole billing unit.

Completion Date: 10/4/2024

3. Finding: "*Double check providers logging into certain locations to avoid the appearance of prescriptions emanating from an ineligible location*"

A 340B-eligible patient is an individual who receives health care services such that responsibility for the care provided remains with the covered entity. During the review of contract pharmacy samples, the hard copy of a prescription had an incorrect address for the CE, hence appeared to be emanating from an ineligible location. The hard copy for this

prescription was generated by the adjudicating pharmacy because it was called in from the provider's office to the pharmacy.

340B Management Response:
The 340B Management team disagree with the finding. This is an error in the Specialty Pharmacy's system which was used to generate the prescription. This was a notation made by the pharmacy on the faxed prescription and not by the CE. It was clearly documented in the CE's electronic medical record (EMR) that the care was provided by an eligible prescriber and at an eligible location demonstrating continuity of care. The CE is not responsible for internal documentations made on the hard copy by the Contract Pharmacy.

Completion Date: 5/1/2024

AREAS FOR IMPROVEMENT:

1. AFI: "*Recommend removing language from Policy around the eligibility of locations that will be eligible but do not yet appear on a filed MCR, given updated guidance from HRSA on this subject.*"

Prior to the COVID-19 pandemic, HRSA required 340B Covered Entities to register off-site provider-based departments (child sites) on the 340B Office of Pharmacy Affairs Information System ("OPAIS") during quarterly registration periods to be effective the following quarter. As a condition of enrollment, Covered Entities had to demonstrate that these sites had costs and charges included in reimbursable cost centers of the Covered Entity's most recently filed ("as-filed") Medicare cost report. In June of 2020, HRSA OPA updated its COVID-19 Resources webpage to say that, for Covered Entities unable to enroll a department as a Child Site because it did not yet have reimbursable costs and charges on the most recently filed Medicare cost report, patients treated at the department may still qualify as 340B-eligible. In May 2023, the federal government allowed the remaining Public Health Emergency declarations to end and HRSA withdrew its June 2020 guidance.

JDH 340B Management Response:
The 340B Management team agrees with the auditor's recommendation and have updated our Policy & Procedures accordingly.

Completion Date: 4/16/2024

2. AFI: "*Ensure policy is being followed with regard to RWI CE practicing within DSH CE space through quality assurance process. Sample found in DSH that should have qualified for RWI per policy. This is a repeat occurrence from previous audits.*"

The RWI Covered Entity is located within the JDH DSH Covered Entity. Due to this, we have created detailed policies and procedures as related to qualification of claims within the respective 340B programs. The auditors discovered that a claim had qualified under the JDH CE but per our policies and procedures should have qualified under the RWI CE.

340B Management Response:
340B Management agrees with the auditor's assessment and recommendation regarding this AFI. The 340B quality assurance personnel have been provided re-education on this topic and 340B management will institute a quarterly review of quality assurance.

Completion Date: 5/1/2024

3. AFI: "*Ensure documentation of dispensations for just-in-time/consignment inventory matches purchasing records (Example: Sample 65)*"

UConn Health John Dempsey Hospital dispenses 340B drugs to patients through multiple avenues. Any time there is a 340B qualified accumulation, there should be a coinciding purchase of that exact product as a replenishment. For sample 65, Epic documentation appeared to show 500-unit vials were used but none of the replenishments were for 500-unit vials.

JDH 340B Management Response:
JDH 340B Management disagrees with this AFI. The product was mixed urgently and scanning was bypassed resulting in the default NDC populating in the EHR. A review of manual/written records confirmed that what was used is what was ordered. The 340B team was able to provide additional information to demonstrate this.

Completion Date: 4/4/2024

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UCONN
HEALTH

University of Connecticut Division of Infectious Diseases

Ryan White Part A [RWI06030]

340B Program and Sample Data Analysis
April 1, 2023 through September 30, 2023

EXECUTIVE SUMMARY

Background

UConn Health Ryan White Part A is located in Farmington, CT and is registered as a Ryan White Part A on the OPAIS database as RWI06030 with a start date of January 1, 2012, and last recertification date of February 10, 2024. UConn Health Ryan White Part A registered contract pharmacies. Currently, EPIC is used as the facility EMR with WellPartner, Walgreens, Curant, and Verity functioning as a third-party administrator for the CE.

UConn Health Ryan White Part A contracted with 340B Compliance Partners to conduct the annual independent external audit of all functioning 340B universes for analysis of program compliance. The on-site MOCK HRSA audit was conducted February 28, 2024. Auditors were Sherri Faber, Steve Carter, and Joshua Gue.

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) guidance for Covered Entities as of February 28, 2023. These procedures were agreed to by Senior Management of UConn Health. The primary areas of analysis for a Ryan White Part A Covered Entity type are meeting eligibility requirements to be in the 340B program with proper recertification, avoiding diversion by establishing and maintaining eligible patient definitions and only counting 340B drugs for those patients, accurate information on the OPAIS Medicaid Exclusion File with processes in place to avoid duplicate discounts, proper oversight of contract pharmacy relationships, and robust Policies and Procedures to ensure programmatic compliance. Contract pharmacy agreements should include 12 elements identified by HRSA as deemed necessary for compliance.

65 total samples were selected for testing from all universes used by UConn Health Ryan White Part A.

Analysis of the following has been completed:

A. Knowledge during pre-audit conference call
B. Accuracy of OPAIS Database
C. Verification of Eligibility
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 Registration Compliance
J. Provider File Review
K. Test staff knowledge of program (i.e., ordering processes, eligibility, etc.)
L. Internal Audit Processes
M. Multi-disciplinary oversight committee meetings
N. 12 Essential Elements in PSAs for contract pharmacy relationships

PROCEDURE NOTES AND FINDINGS

A: Knowledge during pre-audit conference

Formal kick-off call deferred for this grantee MOCK HRSA audit by covered entity due to kick-off call for HRSA audit of this covered entity being held in the same time period.

B: Accuracy of OPAIS database

Pharmacy Services Agreements were compared against registrations of contract pharmacies on the OPAIS database. Minor address discrepancies were noted, but not a compliance concern.

C: Verification of eligibility

Covered entity meets all eligibility requirements for Ryan White Part A, with timely recertification completed.

D: Medicaid Carve-In/Carve-Out status

All contract pharmacy arrangements are Carve-Out.

E: Policy and procedure review

All essential elements noted in HRSA data request list are addressed in CE policies. A few minor best practice recommendations were mentioned.

F: Sample of dispensations tested for 340B eligibility

Samples were selected from all identified universes, as reported by the CE, with a total of 65 samples tested. Thorough analysis was completed for all including:

- Ordering provider eligibility
- Location eligibility
- Review of payer
- Review of encounters for responsibility of care
- Review of patient status at the time of documented 340B eligibility
- Review of appropriate modifiers on claims, as required
- Review of accumulation and replenishment processes
- Prescription documentation in EHR to match hard copies supplied by contract pharmacies

Findings
- Diversion: CE failed to show responsibility for care per CE policy to substantiate a prescription dispensed at a contract pharmacy within the defined lookback window for an eligible encounter.

G: Accumulator review

TPA was reviewed for each sample to demonstrate accumulation of dispense and subsequent replenishment.

H: Diversion Tests

No issues identified

I: Contract pharmacy registration compliance

Contract pharmacy registrations were reviewed to ensure fully executed PSA prior to registration on OPAIS.

J: Provider file review

Discussion around provider file maintenance process was discussed on site, with a change in process since last year.

K: Staff knowledge of program

Held discussions on site with staff responsible for contract pharmacy oversight. Processes in place to ensure TPA(s) are functioning as intended, with key staff engaged and knowledgeable of program requirements.

L: Internal quality controls

Discussed on site with a review of elements tested. Audits were conducted in all universes, mimicking the HRSA audit process for each sample chosen. Process was well addressed in policy and procedure.

M: Multi-disciplinary committee meetings

Discussed onsite. Covered entity has this committee established and meets as indicated in policy and procedures. Minutes of meetings were produced to document as such.

N: 12 Essential Elements

All Pharmacy Services Agreements were reviewed for incorporation of 12 essential elements as identified in the Federal Register by HRSA. No discrepancies were noted.

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 (CAP) 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 be expected for all Findings.

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

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FINDINGS AND AREAS FOR IMPROVEMENT OF THE INDEPENDENT OUTSIDE AUDIT
FOR RYAN WHITE 340B PROGRAM

The Ryan White 340B program (RWI06030) underwent an outside independent mock audit as required by Health Resources and Services Administration (HRSA) for the period of April 1, 2023 – September 30, 2023. This audit was conducted by 340B Compliance Partners and it took place on February 28, 2024. 340B Compliance Partners completed the procedures related to the compliance with the 340B Drug Pricing Program in accordance with the HRSA's guidance for Covered Entities.

FINDINGS:

1. *"Diversion: CE failed to show responsibility for care per CE policy to substantiate a prescription dispensed at a contract pharmacy within the defined lookback window for an eligible encounter."*
   A Covered Entity's Policies and Procedures should include elements of program requirements, including methodologies for routine self-monitoring. One of RWI's self-monitoring elements found within its Policies & Procedures is to have a defined period of eligibility to occur within 13 months of an encounter.

   340B Management Response:
   The 340B Management disagrees with this finding because the claim was reversed as part of our ongoing self-monitoring processes prior to the audit. As an additional safety measure, we have updated our Policy & Procedure document to reflect our defined period of eligibility to 18 months.

   Completion Date: 4/16/2024

AREAS FOR IMPROVEMENT:

   None

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UCONN HEALTH

Connecticut Bleeding Disorders Center

Hemophilia Treatment Center [HM06030]

340B Program and Sample Data Analysis
June 1, 2023 through November 30, 2023

EXECUTIVE SUMMARY

Background

UConn Health Hemophilia Treatment Center is located in Farmington, CT and is registered as a Comprehensive Hemophilia Treatment Center on the OPAIS database as HM06030 with a start date of April 1, 2012, and last recertification date of February 10, 2024. UConn Health Hemophilia Treatment Center has registered contract pharmacies. Currently, EPIC is used as the facility EMR with Verity and Red Chip functioning as a third-party administrator for the CE.

UConn Health Hemophilia Treatment Center contracted with 340B Compliance Partners to conduct the annual independent external audit of all functioning 340B universes for analysis of program compliance. This audit was conducted with an informational kick-off call on January 22, 2024, and on-site portion was February 29, 2024. Auditors were Sherri Faber, Steve Carter, and Joshua Gue.

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) guidance for Covered Entities as of February 29, 2024. These procedures were agreed to by Senior Management of UConn Health. The primary areas of analysis for a Comprehensive Hemophilia Treatment Center Covered Entity type are meeting eligibility requirements to be in the 340B program with proper recertification, avoiding diversion by establishing and maintaining eligible patient definitions and only counting 340B drugs for those patients, accurate information on the OPAIS Medicaid Exclusion File with processes in place to avoid duplicate discounts, proper oversight of contract pharmacy relationships, and robust Policies and Procedures to ensure programmatic compliance. Contract pharmacy agreements should include 12 elements identified by HRSA as deemed necessary for compliance.

38 total samples were selected for testing from all universes used by UConn Health Hemophilia Treatment Center.

Analysis of the following has been completed:

A. Knowledge during pre-audit conference call
B. Accuracy of OPAIS Database
C. Verification of Eligibility
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 Registration Compliance
J. Provider File Review
K. Test staff knowledge of program (i.e., ordering processes, eligibility, etc.)
L. Internal Audit Processes
M. Multi-disciplinary oversight committee meetings
N. 12 Essential Elements in PSAs for contract pharmacy relationships

PROCEDURE NOTES AND FINDINGS

A: Knowledge during pre-audit conference

Staff active and engaged in kick off call held January 22, 2024. We followed agenda currently in use by Bizzell US (consulting group conducting audits on behalf of HRSA) along with Q&A from the UConn team. Appropriate questions asked to prepare for a HRSA audit in the future.

B: Accuracy of OPAIS database

Pharmacy Services Agreements were compared against registrations of contract pharmacies on the OPAIS database. Minor address discrepancies were noted, but not a compliance concern.

C: Verification of eligibility

Grant provided.

D: Medicaid Carve-In/Carve-Out status

All contract pharmacy arrangements are Carve-Out.

E: Policy and procedure review

All essential elements noted in HRSA data request list are addressed in CE policies. A few minor best practice recommendations are included in the Internal Work Plan for CE review.

F: Sample of dispensations tested for 340B eligibility

Samples were selected from all identified universes, as reported by the CE, with a total of 35 samples tested. Thorough analysis was completed for all including:

- Ordering provider eligibility
- Location eligibility
- Review of payer
- Review of encounters for responsibility of care
- Review of accumulation and replenishment processes
- Prescription documentation in EHR to match hard copies supplied by contract pharmacies

Areas for Improvement
- Consider including in policy the amount of time a visit with an eligible provider within an eligible location would confer 340B eligibility to a prescription processed at a contract pharmacy (i.e., a visit must be within the previous 13 months of prescription written date).

Findings
- Diversion: Sample 16 – Quantity dispensed > quantity ordered by more than 10%
- Diversion: Samples 27, 32 – Prescriptions not supported by documentation in the medical record

G: Accumulator review

TPA was reviewed for each sample to demonstrate accumulation of dispense and subsequent replenishment.

H: Diversion Tests

All claims were tested for diversion issues.

I: Contract pharmacy registration compliance

Contract pharmacy registrations were reviewed to ensure fully executed PSA prior to registration on OPAIS with no deficiencies noted.

J: Provider file review

Provider file was reviewed with no concerns noted. All samples were written by an eligible provider.

K: Staff knowledge of program

Processes in place to order on appropriate accounts, with key staff engaged and knowledgeable of program requirements.

L: Internal quality controls

Discussed on site with a review of elements tested. Audits were conducted in all universes, mimicking the HRSA audit process for each sample chosen. Process was well addressed in policy and procedure.

M: Multi-disciplinary committee meetings

Discussed onsite. Covered entity has this committee established and meets as indicated in policy and procedures. Minutes of meetings were produced to document as such.

N: 12 Essential Elements

All Pharmacy Services Agreements were reviewed for incorporation of 12 essential elements as identified in the Federal Register by HRSA. No discrepancies were noted.

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 (CAP) 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 be expected for all Findings.

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

ATTACHMENT 2.7

ATTACHMENT 2.7

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

The Hemophilia Treatment Center 340B program underwent an outside independent mock audit as required by Health Resources and Services Administration (HRSA) for the period of June 1, 2023 – November 30, 2023. This audit was conducted by 340B Compliance Partners with a kick-off, pre-audit conference call on January 22, 2024 and the on-site audit taking place on February 29, 2024. 340B Compliance Partners completed the procedures related to the compliance with the 340B Drug Pricing Program in accordance with the HRSA's guidance for Covered Entities.

FINDINGS:

1. *"Diversion: Sample 16 – Quantity dispensed > quantity ordered by more than 10%."*
   A 340B HTC covered entity must ensure that the quantity of a factor product dispensed by the pharmacy is within plus or minus 10% of what was ordered by the provider. In this case the amount dispensed appeared to be greater than 10% of what the provider ordered because the provider was unable to manipulate the units appropriately in the Electronic Health Record (EHR).

   340B Management Response:
   The 340B Management disagrees with this finding. This was an AFI from last year's mock audit where it was discovered that documentation of quantity ordered didn't always match what was dispensed by the pharmacy. This was because when placing an order for a prescription, the provider was unable to change the unit of measure for the quantity field, i.e. "units" or "vials". As a result, ERX configurations for Factor Products were updated and SmartSets for Hemophilia Medications for outpatient prescriptions were built in the EHR in August of 2023. This specific claim was ordered prior to the fix in EHR going into place hence the appearance of greater than 10% variation in what was dispensed. The 340B team has verified with the pharmacy that there actually was zero percent variance in what was dispensed from what was prescribed.

   Completion Date: 4/9/2024.

2. *"Diversion: Samples 27, 32 – Prescriptions not supported by documentation in the medical record."*

   To purchase drugs at the 340B price, covered entities must meet certain requirements including prohibition on diversion. Diversion occurs when a patient does not meet the 340B patient definition which is:
   - The covered entity has *established* a *relationship* with the individual, such that the covered entity *maintains records of the individual's health care*; and
   - The individual *receives* health care *services from a health care professional* who is either *employed by the covered entity* or provides health care under contractual or other arrangements (e.g. referral for consultation) such that responsibility for the care provided remains with the covered entity; and
   - The individual *receives* a health care service or range of *services* from the covered entity which is *consistent with* the service or range of services for which *grant funding* or Federally-qualified health center look-alike status has been provided to the entity.

   340B Management Response:
   The 340B Management disagrees with this finding because the patient meets the 340B patient definition and the samples were not associated with diversion. The samples that were evaluated did not have corresponding orders in the EHR because the orders were phoned into the pharmacy. The pharmacy then faxed over to the HTC clinic a copy of the order generated through the pharmacy's system for signature by the provider. The 340B team retrieved these 'hard copies' to demonstrate the elements of patient definition and had them scanned into media section of the EHR.

   Completion Date: 4/3/2024.

AREAS FOR IMPROVEMENT:

1. *AFI: "Consider including in policy the amount of time a visit with an eligible provider within an eligible location would confer 340B eligibility to a prescription processed at a contract pharmacy (i.e., a visit must be within the previous 13 months of prescription written date)."*
   340B policies and procedures provide guidelines for decisions and actions within a 340B covered entity by promoting compliance with the 340B statute, guidance, and requirements. A Covered Entity's Policies and Procedures should include elements of program requirements, including methodologies for routine self-monitoring which should include having a defined period of eligibility.

   340B Management Response:
   The 340B Management team agrees with this area for improvement and have updated our Policy & Procedures accordingly.

   Completion Date: 4/16/2024

ATTACHMENT 2.8

ATTACHMENT 2.8

University of Connecticut and University of Connecticut Health Center

Single Audit for the year ended June 30, 2023
Communication to the Joint Audit and Compliance Committee

June 13, 2024
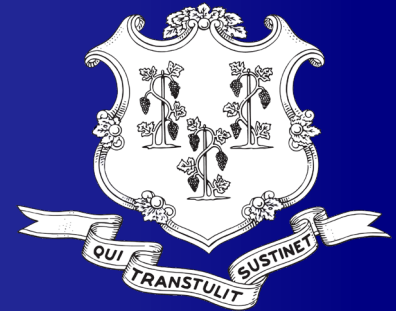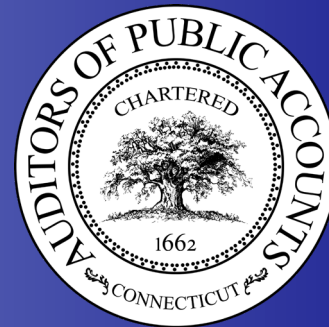
STATE OF CONNECTICUT
Auditors of Public Accounts

John Harrison
Principal Auditor

Single Audit Report   FYE 6/30/2023

Issued Date – March 27, 2024

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).

GAO

United States Government Accountability Office
By the Comptroller General of the United States

February 2024

GOVERNMENT AUDITING STANDARDS

2024 Revision

GAO-24-106786
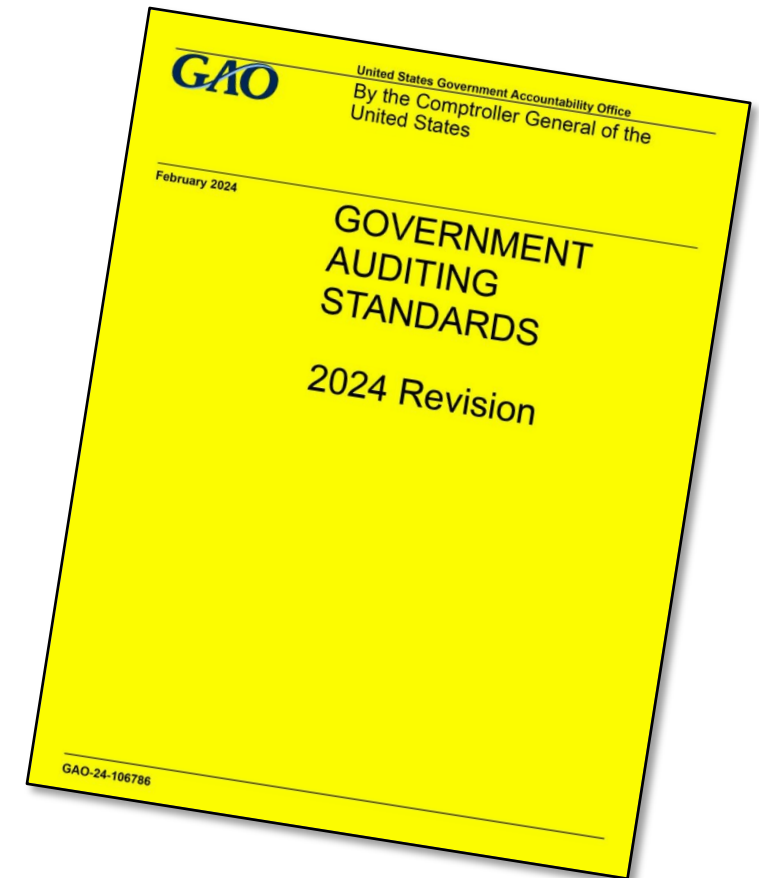
Audit Report

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

  https://wp.cga.ct.gov/apa/wp-content/cgacustom/reports/FullReports/STATEWIDE%20FULL_20240327_FY2023.pdf

- Applicable University Federal Programs

  1. Federal Student Financial Assistance (FSFA)
  2. Higher Education Emergency Relief Fund (HEERF)
  3. Coronavirus State and Local Fiscal Recovery Funds (CSLFRF)

STATE OF CONNECTICUT
SINGLE AUDIT REPORT

FOR THE FISCAL YEAR
ENDED JUNE 30, 2023

STATE OF CONNECTICUT
Auditors of Public Accounts

Federal Funds

- Total Federal Financial Assistance (FFA) Statewide - $15,572,000,000 Type A Program Threshold (Exceeds $10b but less than or equal to $20b) - $30,000,000

- Federal Assistance Expended at the University System:

Student FSFA	$200,571,000	*(UConn $197.59m, UCH $2.98m)*
HEERF	$3,656,000	*(UConn – prior audit follow-up)*
CSLFRF	$111,000,000	*(UConn $38m, UCH $73m)*
TOTAL FFA	**$315,227,000**	

Audit Finding

- No audit findings related to UConn or UConn Health within the fiscal year 2023 Single Audit Report
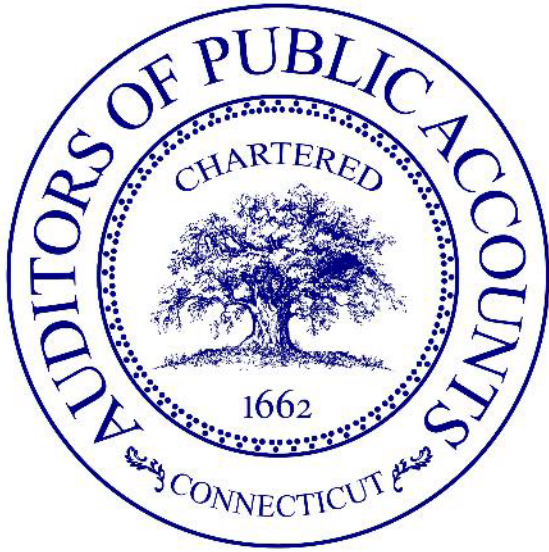
Thank You

John Harrison
Principal Auditor
john.harrison@ctauditors.gov
www.ctauditors.gov
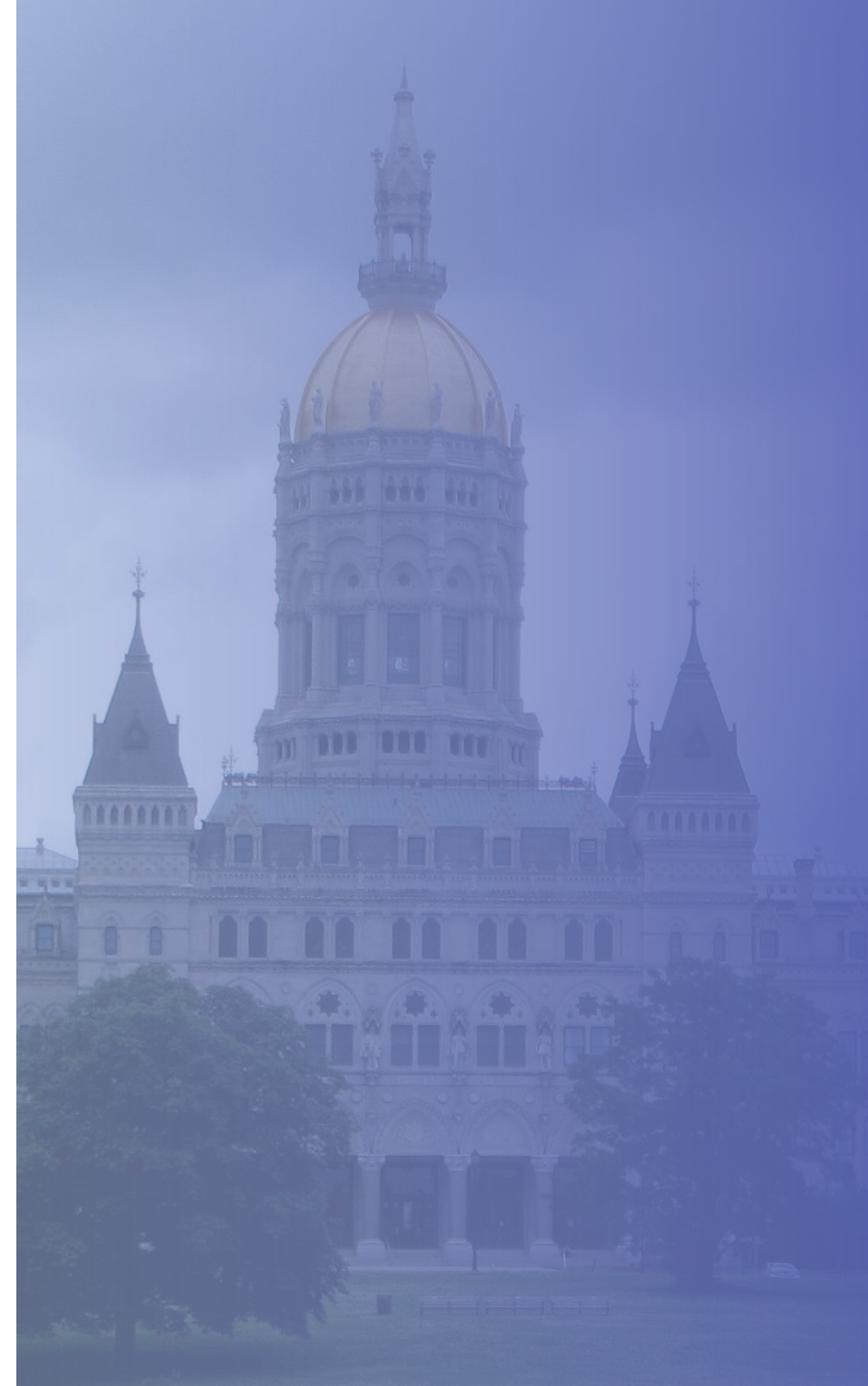
ATTACHMENT 3.1

ATTACHMENT 3.1

University of Connecticut & UConn Health
Joint Audit & Compliance Committee
June 13, 2024

Office of Audit and Management Advisory Services
Status of Audit Assignments
As of May 31, 2024

Audit Project	Campus	Current Status	Anticipated JACC Meeting Jun 2024	Sep 2024	Dec 2024	Mar 2025
Faculty Consulting FY23	UC/UH	Report	▭			
Microsoft 365 Security and Configuration	UC	Report	▭			
Oracle Database Management Security and Configuration	UC	Report	▭			
Patient Billing	UH	Report	▭			
Cardiology	UH	Fieldwork		▭		
Concur Travel	UC	Fieldwork		▭		
Human Subject Incentive Payments	UC	Fieldwork		▭		
Medicare Bad Debt Claims	UH	Fieldwork		▭		
Non Student Receivables	UC	Fieldwork		▭		
Clinical Engineering Equipment Management	UH	Planning			▭	
Decentralized IT General Controls	UH	Planning			▭	
Medical Device Security	UH	Planning			▭	
New England Sickle Cell Institute	UH	Planning			▭	

Special Projects/Consulting	Campus	Current Status In Progress	Project Final
Centers for Clean Energy Engineering	UC	▭	
Women's, Gender, and Sexuality Studies Travel Review	UC	▭	

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ATTACHMENT 3.2

ATTACHMENT 3.2

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
June 13, 2024

Status of Audit Observations
Aging of Overdue Management Actions by Functional Area Based on Original Due Date
As of May 15, 2024

Functional Area	Not Due L	Not Due M	Not Due H	0-3 Mos L	0-3 Mos M	0-3 Mos H	3-6 Mos L	3-6 Mos M	3-6 Mos H	6-12 Mos L	6-12 Mos M	6-12 Mos H	1-2 Yrs L	1-2 Yrs M	1-2 Yrs H	2-3 Yrs L	2-3 Yrs M	2-3 Yrs H	> 3 Yrs L	> 3 Yrs M	> 3 Yrs H	Total
UConn:																						
UC Budget	2	1																				3
UC College of Liberal Arts and Sciences														6	2							8
UC Controller	1	2													1							4
UC Facilities Operations																				7		7
UC Human Resources																	2			1		3
UC Information Technology Services		1	10		2						2											15
UC Office of Global Affairs														1								1
UC Research Compliance Services																3						3
UC School of Business						1			1													2
UConn Total	3	4	10		2	1			1		2			7	3	3	2			8		46
UConn Health:																						
UC Office of Institutional Equity																			2	1		3
UCH CEO and EVP for Health Affairs																				2		2
UCH CFO											1			2								3
UCH Controller																	1			1		2
UCH Human Resources																			2			2
UCH Information Technology Services								3	3		1	1		3	1		1	2	2	6	4	27
UCH JDH Administration		3		3	1			2					3	2						3		17
UCH JDH and UMG Revenue Cycle Management		5			2			2									1			1		11
UCH JDH Inpatient Care	1	1																				2
UCH JDH Quality and Patient Services	1	1																		1		3
UCH School of Dental Medicine																			2	2		4
UCH School of Medicine																			2			2
UConn Medical Group													1	2								3
UConn Health Total	2	10		3	3			7	3		2	1	4	9	1		3	2	10	17	4	81
UConn & UConn Health Total	5	14	10	3	5	1		7	4		4	1	4	16	4	3	5	2	10	25	4	127

Note: The net number of management open actions decreased by 17 from 144 to 127 from the prior reported quarter.
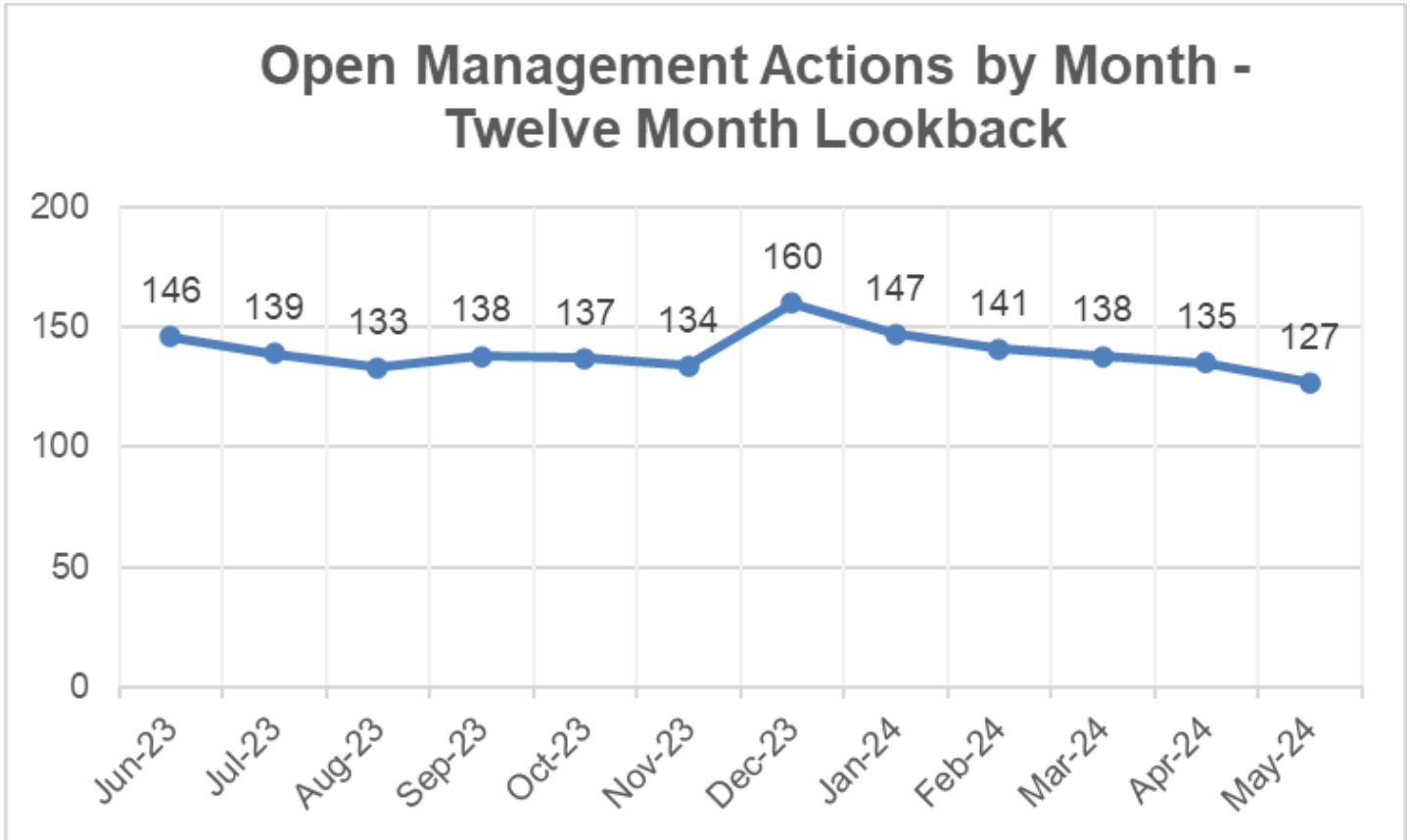
University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
June 13, 2024

Status of Audit Observations
Aging of Overdue Management Actions by Finding Category Based on Original Due Date
As of May 15, 2024

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	H	L	M	H	
UConn:																						
Business Process Improvement	2	1															1			1		5
Documentation	1				1									1								3
Governance														1								1
Policy		1												1		1	1			1		5
Regulatory Compliance															1	2						3
Security			10		1	1			1		1			3	2					6		25
Segregation of Duties		1																				1
Technology		1												1								2
Training											1											1
UConn Total	3	4	10		2	1			1		2			7	3	3	2			8		46
UConn Health:																						
Business Process Improvement		1		1				1					3	2					2	1		11
Documentation		1						1			1		1	1					3			8
Management Oversight		1		1				1			1			1						1		6
Monitoring	1	2			2				1					1						4		11
Physical Security of Assets														1								1
Policy								1								4	3					8
Regulatory Compliance	1	3			1			2						1			1		1			10
Security								1	2			1		1	1		1	2		4	1	14
Technology														1						2	3	6
Training		2		1																		3
Use of Resources																	1			2		3
UConn Health Total	2	10		3	3			7	3		2	1	4	9	1		3	2	10	17	4	81
UConn & UConn Health Total	5	14	10	3	5	1		7	4		4	1	4	16	4	3	5	2	10	25	4	127

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
June 13, 2024

Status of Audit Observations
Trend Analysis of Monthly Balances of Open Management Actions
As of May 15, 2024

Open Management Actions by Month - Twelve Month Lookback

Month	Value
Jun-23	146
Jul-23	139
Aug-23	133
Sep-23	138
Oct-23	137
Nov-23	134
Dec-23	160
Jan-24	147
Feb-24	141
Mar-24	138
Apr-24	135
May-24	127

Analysis:

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
June 13, 2024

Status of Audit Observations
Management Actions Closed By Functional Areas And Risk Level
For the Period February 16, 2024 to May 15, 2024

Functional Area	Implemented			Recommendation Moved to / Included in Another Audit			Total
	L	M	H	L	M	H	
UConn:							
UC Information Technology Services			1				1
UC Office of the Provost	1			3			4
UC President's Office		1					1
UC Student Activities	4						4
UC Student Affairs Administration		1					1
UConn Total	5	2	1	3			11
UConn Health:							
UCH CFO		5			1		6
UCH Information Technology Services		2	2				4
UCH JDH Administration	1	2		1			4
UCH JDH Quality and Patient Services	1	1					2
UCH School of Dental Medicine		1					1
UConn Health Total	2	11	2	1	1		17
UConn & UConn Health Total	7	13	3	4	1		28

University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
June 13, 2024

Status of Audit Observations
Risk Level Descriptions

The description of the risk levels identified in this report is based on the following methodology. Observations are ranked based on an analysis of the likelihood and impact of a control or process failure. Considerable professional judgment is used to determine the risk ratings. Accordingly, others could evaluate the results differently and draw different conclusions. The risk levels provide information about the condition of risks and internal controls at one point in time. Future changes in environmental factors and personnel actions may significantly impact the risk ratings.

Low	Observation has a low probability of occurring. Preventive controls do not exist but detection and mitigating controls exist. Minimal exposure that will not typically lead to a material error and corrective action may lead to improvements in efficiencies and effectiveness. The issues identified may include: • Noncompliance with internal policies • Lack of internal policy that is not mandated by federal and state requirements • Minimal financial losses • Minor operational issues
Moderate	Observation is likely to occur or has occurred. Preventive and detection controls do not exist but mitigating controls exist. Exposure that requires priority attention because the observation has or may result in: • More than minimal financial losses or fraud or theft of resources • Noncompliance with laws and regulations or accreditation standards • Ineffective internal policy or practice • Reputation damage • Negative impact to audit area under review, which includes continuity, security and privacy issues • Safety and health concerns
High	Observation has a high probability of occurring or has occurred at a high rate. Preventive, detection and mitigating controls do not exist. High impact exposure that requires immediate attention because the observation has or may result in: • Substantial financial losses or fraud or theft of resources • Noncompliance with significant laws and regulations • Serious reputation damage • Negative impact to systemwide operations, which includes continuity, security and privacy issues • Significant safety and health concerns

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ATTACHMENT 4.1

ATTACHMENT 4.1

7 Elements of an Effective Compliance Program

1 – Standards of Conduct, Policies, Procedures	2 – Leadership and Authority	3 – Education and Development	4 – Monitoring and Auditing	5 – Reporting and Investigations	6 – Response and Prevention	7 – Accountability and Incentives
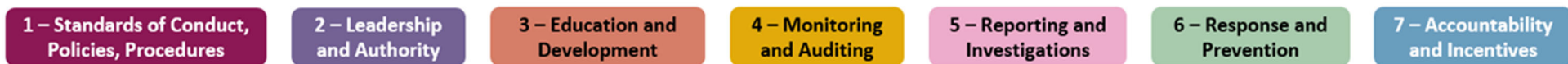
Significant Compliance Activities – Office of University Compliance (OUC)	Program Element
To date, OUC has received 66 reported concerns in 2024, including 42 from the Storrs or regional campuses, and 24 from UConn Health. Additional data is included in the packet.	4, 5, 6, 7
The completion deadline for Annual University Compliance and Ethics Training was March 30 for UConn Health and May 31 for UConn Storrs and Regional Campuses. Additional information regarding training is included in the packet.	1, 3, 6
Educational email campaigns (10) were developed and disseminated to the UConn and UConn Health communities on topics such as Post-State Employment, Policy Updates, and Privacy. See attachment for a sampling of materials.	1, 3, 6
OUC developed new printable resource guides on: Reporting Compliance Concerns; Accessing Student Information Online; Handling an Inadvertent Disclosure; Necessary Expenses/Gifts to the State Flowchart; and Post-State Employment Rules.	1, 3, 6
OUC launched an updated Privacy website in March 2024 incorporating the content from ferpa.uconn.edu, which has been retired.	1, 3, 6
A customized Policy Manager Advanced User Training is in the final stages of development and will launch this summer.	1, 3, 2
The FERPA Disclosure log process and structure was updated.	1, 4, 6
The OUC in collaboration with the University Compliance and Ethics Committee (UCEC) introduced a new compliance risk assessment process for FY 25 to be used to identify and prioritize risks and inform the University's Compliance Plan.	2, 4, 6
The OUC updated the University's Compliance Training Policy which was approved by the UCEC in May.	1, 3, 7
The OUC managed six overlapping data related events in collaboration with other offices.	1, 5, 6
The OUC supported the build and migration for the Blood and Marrow Transplant and Cellular Therapy Program (BMT) and the UConn Health Home Infusion Pharmacy Services (UHIPS); and supported the reaccreditation process for the UConn Health Pharmacy Services, Inc. (UHPSI).	1, 6

Joint Audit and Compliance Committee
JACC Significant Compliance Activities
March 2024 – May 2024

7 Elements of an Effective Compliance Program

| 1 – Standards of Conduct, Policies, Procedures | 2 – Leadership and Authority | 3 – Education and Development | 4 – Monitoring and Auditing | 5 – Reporting and Investigations | 6 – Response and Prevention | 7 – Accountability and Incentives |

Additional Updates from OUC

OUC welcomed Mariah Monroe (Compliance and Privacy Coordinator), who started on May 17. Mariah will be primarily supporting the University's Privacy Program, Compliance Education, and Training. Mariah has worked for UConn for six years in the Division of Student Life and Enrollment within the Office of Admissions.

Anida Quiles (Policy Software Manager) obtained her Certification of Compliance and Ethics Professional (CCEP) from the Society of Corporate Compliance and Ethics (SCCE).

Kimberly Fearney (Chief Compliance Officer and AVP) and Kimberly Hill (Director of University Compliance) have been selected to present at the National SCCE Higher Education Compliance Conference in New Orleans, LA in June.

ATTACHMENT 4.2

ATTACHMENT 4.2

OFFICE OF UNIVERSITY COMPLIANCE
Charter

Authority, Governance, and Oversight

The University of Connecticut, including UConn Health (collectively "UConn"), is committed to the highest standard of ethical conduct and integrity demonstrated by its compliance with applicable laws, regulations, and policies. A primary function of the University of Connecticut's Board of Trustees and UConn Health Board of Directors (collectively the "Board") is to ensure UConn is effective in the administration and in its operations relative to compliance and ethics.

To demonstrate UConn's commitment to compliance and ethics, the Joint Audit and Compliance Committee of the Board of Trustees (JACC) has established the Office of University Compliance (OUC) to help UConn's efforts to adhere to all federal and state regulatory requirements. To ensure appropriate objectivity and access to the highest levels of leadership, the OUC reports directly to the Office of the President with a dotted line to the JACC.

Office of University Compliance

In order to reach optimum effectiveness, the Chief Compliance Officer (CCO) is responsible for the leadership and oversight of the OUC. The CCO has the sole discretion to determine the functions of the OUC and the coordination of the University's Compliance Program ("Compliance Program") without interference or compromise. As such, the OUC is authorized to have access to UConn records, facilities, systems, and personnel necessary to fulfill its responsibilities. Senior Leadership will ensure departments/units and personnel fully cooperate with the OUC in the execution of its obligations. The OUC shall be appropriately resourced with dedicated staff to assist in the implementation, facilitation, and evaluation of the Compliance Program.

The CCO and the OUC staff shall be members of appropriate professional associations and participate in applicable continuing education to remain abreast of best practices and emerging issues related to compliance and ethics in higher education, including academic medical centers. The CCO will maintain applicable certifications, as appropriate. Other OUC staff may be required to obtain applicable certifications at the direction of the CCO. The CCO and OUC staff are independent in fact and appearance through their demonstration of integrity, objectivity, confidentiality, professionalism, and competency. The CCO and OUC staff are objective in their work, employing independence of judgement above influence or control of any kind.

Purpose

The purpose of the OUC is to promote and maintain an institution-wide culture of compliance and ethics through the coordination of UConn's de-centralized Compliance Program. The OUC aims to assist departments/units in complying with laws, regulations, and policies that govern institutions of higher education and academic medical centers by satisfying the most updated requirements of the U.S. Sentencing Commission's guidelines of an effective compliance and ethics program.

Scope and Responsibility

The CCO is responsible to develop, implement, assess, and manage the OUC and its activities to coordinate and support the Compliance Program, in consultation with the Office of the President and JACC. Under the Direction of the CCO, the OUC is responsible for:

- The University's Code of Conduct which may include but is not limited to periodic reviews, ongoing education, and socialization of its established standards and expectations.
- Implementing compliance, ethics, and privacy policies designed to assist the institution and its community to comply with applicable federal and state laws.
- Facilitating an institutional compliance and ethics committee, engaging senior leadership in the coordination and priorities of UConn's Compliance Program.
- Managing UConn's policy process to ensure appropriate standards, policies, procedures are in place, are communicated appropriately, and are effectively guiding the operations of the institution.
- Establishing and providing a safe harbor to receive and direct reported concerns and compliance issues and ensure the institution completes a thorough review, investigation, and/or resolution, and takes action, as appropriate.
- Collaborating with departments/units on compliance monitoring in an effort to proactively identify opportunities for enhancement and to mitigate institutional risk.
- Developing and maintaining an effective education and training program to provide employees with required information to ensure adherence to institutional policies and procedures as well as federal and state laws related to compliance, ethics, and privacy.
- Communicating with Senior Leadership and the JACC to inform them of significant compliance activities and program effectiveness, as well as to inform them of any significant compliance concerns.

Adoption of Charter

Approved by Joint Audit and Compliance Committee   Date: March 1, 2018
                                                                   Revised: June 13, 2024

OFFICE OF UNIVERSITY COMPLIANCE
Charter

Authority, Governance, and Oversight

The University of Connecticut, including UConn Health (collectively "UConn"), is committed to the highest standard of ethical conduct and integrity demonstrated by its compliance with applicable laws, regulations, and policies. A primary function of the University of Connecticut's Board of Trustees and UConn Health Board of Directors (collectively the "Board") is to ensure UConn is effective in the administration and in its operations relative to compliance and ethics.

To demonstrate UConn's commitment to compliance and ethics, the Joint Audit and Compliance Committee of the Board of Trustees (JACC) has established the Office of University Compliance (OUC) to help UConn's efforts to adhere to all federal and state regulatory requirements. To ensure appropriate objectivity and access to the highest levels of leadership, the OUC reports directly to the Office of the President with a dotted line to the JACC.

Office of University Compliance

In order to reach optimum effectiveness, the Chief Compliance Officer (CCO) is responsible for the leadership and oversight of the OUC. The CCO has the sole discretion to determine the functions of the OUC and the coordination of the University's Compliance Program ("Compliance Program") without interference or compromise. As such, the OUC is authorized to have access to UConn records, facilities, systems, and personnel necessary to fulfill its responsibilities. Senior Leadership will ensure departments/units and personnel fully cooperate with the OUC in the execution of its obligations. The OUC shall be appropriately resourced with dedicated staff to assist in the implementation, facilitation, and evaluation of the Compliance Program.

The CCO and the OUC staff shall be members of appropriate professional associations and participate in applicable continuing education to remain abreast of best practices and emerging issues related to compliance and ethics in higher education, including academic medical centers. The CCO will maintain applicable certifications, as appropriate. Other OUC staff may be required to obtain applicable certifications at the direction of the CCO. The CCO and OUC staff are independent in fact and appearance through their demonstration of integrity, objectivity, confidentiality, professionalism, and competency. The CCO and OUC staff are objective in their work, employing independence of judgement above influence or control of any kind.

Purpose

The purpose of the OUC is to promote and maintain an institution-wide culture of compliance and ethics through the coordination of UConn's de-centralized Compliance Program. The OUC aims to assist departments/units in complying with laws, regulations, and policies that govern institutions of higher education and academic medical centers by satisfying the most updated requirements of the U.S. Sentencing Commission's guidelines of an effective compliance and ethics program.

Scope and Responsibility

The CCO is responsible to develop, implement, assess, and manage the OUC and its activities to coordinate and support the Compliance Program, in consultation with the Office of the President and JACC. Under the Direction of the CCO, the OUC is responsible for:

- The University's Code of Conduct which may include but is not limited to periodic reviews, ongoing education, and socialization of its established standards and expectations.
- Implementing compliance, ethics, and privacy policies designed to assist the institution and its community to comply with applicable federal and state laws.
- Facilitating an institutional compliance and ethics committee, engaging senior leadership in the coordination and priorities of UConn's Compliance Program.
- Managing UConn's policy process to ensure appropriate standards, policies, procedures are in place, are communicated appropriately, and are effectively guiding the operations of the institution.
- Establishing and providing a safe harbor to receive and direct reported concerns and compliance issues and ensure the institution completes a thorough review, investigation, and/or resolution, and takes action, as appropriate.
- Collaborating with departments/units on compliance monitoring in an effort to proactively identify opportunities for enhancement and to mitigate institutional risk.
- Developing and maintaining an effective education and training program to provide employees with required information to ensure adherence to institutional policies and procedures as well as federal and state laws related to compliance, ethics, and privacy.
- Communicating with Senior Leadership and the JACC to inform them of significant compliance activities and program effectiveness, as well as to inform them of any significant compliance concerns.

Adoption of Charter

Approved by Joint Audit and Compliance Committee   Date: March 1, 2018
                                                                      Revised: June 13, 2024

2

ATTACHMENT 4.3

ATTACHMENT 4.3

Education and Awareness

JANUARY - MAY 2024

Annual Compliance and Ethics Training

This year's training included content on the UConn Code of Conduct, the Guide to the State Code of Ethics, and Key Reminders on the Family Educational Rights and Privacy Act (FERPA), the Drug-Free Schools and Communities Act (DFSCA), and Accessibility in Online Courses and Communications.

UConn Health
Launch: February 1
Deadline: March 30

This year's training was created in collaboration with the Office of Healthcare Compliance & Privacy and IT Security.

96%

CURRENT UCONN HEALTH TRAINING COMPLETION RATE AS OF MAY 20

UConn Storrs and Regional
Launch: January 25
Deadline: May 31

This year's training was offered online through Learning@Work as well as live through WebEx.

80%

CURRENT UCONN STORRS/REGIONAL TRAINING COMPLETION RATE AS OF MAY 22

UConn Health Annual Compliance Training Feedback

17%
Response Rate

904
Number of Responses

95% of respondents found the combined training effective or highly effective. Their qualitative feedback indicated they appreciated the:

- Convenience and flow
- Accessibility
- Comprehensiveness
- Flexibility
- Relevance and interconnectedness

5% of respondents found the combined training ineffective or highly ineffective. Their qualitative feedback critiqued the:

- Relevance to job
- Length
- Redundancy
- DEI components
- Technical issues

Responses suggested shorter, more targeted, and interactive training sessions tailored to their specific job roles.

How would you rate the effectiveness of having these modules combined into one training?

Highly Effective
38%

Effective
57%

Highly Ineffective
1%

Ineffective
4%

1

UConn Health Annual Compliance Training Feedback (Continued)

97%
RATED THE OVERALL EFFECTIVENESS OF MODULE I (OUC) AS EFFECTIVE OR HIGHLY EFFECTIVE.

94%
AGREED OR STRONGLY AGREED THAT THEIR KNOWLEDGE AND/OR UNDERSTANDING OF THE CONCEPTS WERE INCREASED BY THE TRAINING.

97%
RATED THE INCLUSIVITY AND ACCESSIBILTY CATEGORIES AS EFFECTVE OR HIGHLY EFFECTIVE (AVERAGE RATING OF ALL CATEGORIES).
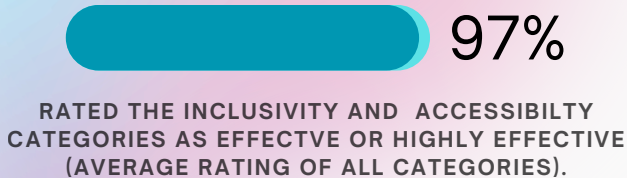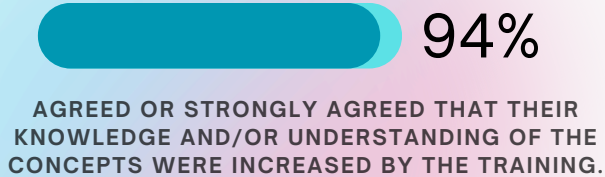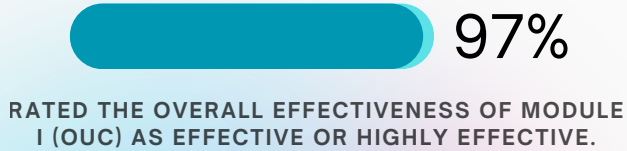
99%
Agreed or Strongly Agreed that the concepts covered in the training were clear.

94%
Agreed or Strongly Agreed that the concepts were presented in an engaging way.

98%
Agreed or Strongly Agreed that the scenarios and examples helped them understand the content.

44%
COMPLETED THE SECTION ON COURSE AND COMMUNICATION ACCESSIBILITY.

UConn Storrs and Regional Annual Compliance and Ethics Training Feedback*

As of May 20,2024 (completion deadline is May 31, 2024)

23%
Response Rate

808
Number of Responses

93%
RATED THE OVERALL EFFECTIVENESS AS EFFECTIVE OR HIGHLY EFFECTIVE.

96%
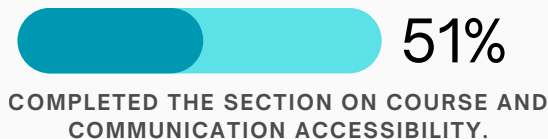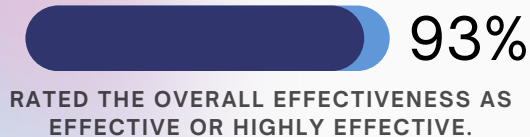AGREED OR STRONGLY AGREED THAT THEIR KNOWLEDGE AND/OR UNDERSTANDING OF THE CONCEPTS WERE INCREASED BY THE TRAINING.

99%
RATED THE INCLUSIVITY AND ACCESSIBILTY CATEGORIES AS EFFECTVE OR HIGHLY EFFECTIVE (AVERAGE RATING OF ALL CATEGORIES).

51%
COMPLETED THE SECTION ON COURSE AND COMMUNICATION ACCESSIBILITY.

100%
Agreed or Strongly Agreed that the concepts covered in the training were clear.

97%
Agreed or Strongly Agreed that the concepts were presented in an engaging way.

99%
Agreed or Strongly Agreed that the scenarios and examples helped them understand the content.

Positive qualitative feedback from respondents indicated:

- The training is well-structured and engaging
- Appreciation for inclusion of accessibility content
- An improvement in quality and effectiveness compared to previous years
- The training has a clear presentation and easy navigation
- Recognition of continuous improvement and evolution of training materials

Constructive qualitative feedback from respondents critiqued the:

- Lengthy and repetitive content
- Technical issues and confusion with course navigation
- Some content perceived as irrelevant to specific job roles
- Suggestions for clearer instructions and explanations
- Desire for more interactivity and varied learning methods

2

Education and Awareness

01 New Compliance Clips

Conflicts of Interest and Contracts with the State

Hosting Youth Activities at UConn

What Happens After a Report is Submitted?

02 New Printable Guides

How to Report a Compliance Concern

Accessing Student Information Online

Inadvertent Disclosure: What to Do When it Happens

Necessary Expenses/Gifts to the State Flowchart

Post-State Employment Rules

03 State of Compliance: UConn Brand Standards

OUC partnered with University Brand Standards to host a live, virtual educational event on February 21, 2024. We had 42 attendees. The recording is available here.

04 New Employee Orientation

Content and format updated for UConn Health in March.

05 New University Compliance and Privacy Websites

compliance.uconn.edu launched in January.

privacy.uconn.edu launched in March and incorporated ferpa.uconn.edu, which has been retired.

06 30 Educational Email Campaigns

See data below.

See attachment for a sample.

40%
Overall Average Email Open Rate

Average Open Rate by Audience

Only UConn Storrs/Reg.	Only UConn Health	All Campuses
47%	33%	39%

Campaigns with Highest Open Rates

Campaign	Open Rate
Training Reminder (UConn)	~99%
UConn Brand Standards Event Follow-up	~95%
Reminder of SFI Filing Deadline	~84%
New Research FCOI Disclosure Form	~64%

Emails Sent by Series

- UCH Policy Update — 2
- Compliance Chatter — 6
- Training Announcement — 8
- Ethics Edition — 4
- Manager Edition — 3
- Special Edition* — 7
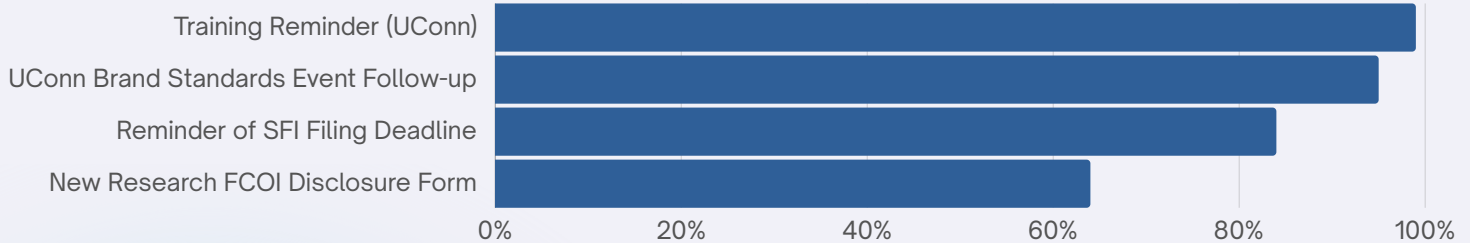
* Special Edition includes partner campaigns, hiring announcements, and follow-up from live events.
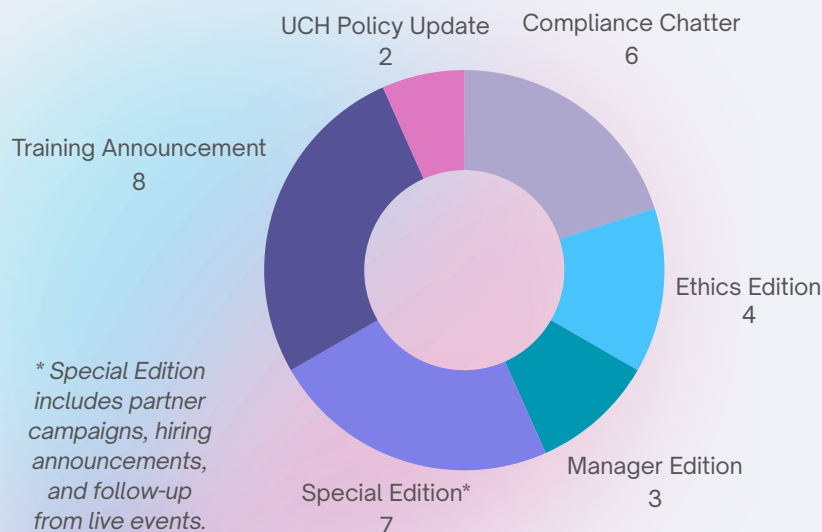
7.25
Average Number of Communications Each Month

3

Policy Process Data

2024 JUNE JACC UPDATE

Overview

The Office of University Compliance supports the policy management process at UConn and UConn Health. This occurs in collaboration with senior leadership, policy owners, and the policy migration team at UConn Health.

UConn Health Policy Migration

Policy Manager launched for the UConn Health community in October of 2023. Within the system, the Policy Team is better able to monitor how the UConn Health workforce engages and interacts with policy documents.

76,910

Document Views

Document view numbers indicate strong early user engagement since launching in October. This number is not inclusive of users on shared devices.

6

Published Resource Guides

In addition for formalized training efforts, the policy team has authored and published resource guides designed to assist the UConn Health workforce in effectively using Policy Manager.
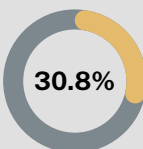
2741

Total Documents in Policy Manager

These are documents that have been migrated into Policy Manager. Document identification and migration is ongoing.

69.2% Current
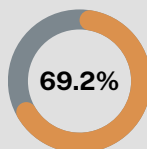
30.8% Outdated

348
Approval Groups

1700
Workflow Process Applied

The Policy Team has worked to build approval groups and workflow processes to assist with automation. This will help address the number of outdated documents.

UConn Storrs and Regionals

9 Revised

0 New

0 Archived

21 Expanded

UConn's Senior Policy Council (SPC) met in February and April and approved nine revised policies including policies on the General Rules of Conduct, Military Leave, Pre-employment and Background Check, University Logo and Trademark, and Animals on Campus, among others.

A full list of policy updates for Storrs/Regionals can be found on the Recent Policy Updates website.

The UConn Health Administrative Policy Committee (APC) and the SPC also approved extending the scope of 21 Healthcare Compliance and Privacy policies to six (6) healthcare provider entities at UConn.

Upcoming Initiatives and Activites

Specialized Policy Manager training will be launching for Manual Owners and Advanced Users for UConn Health this summer and will be implemented on an on-going basis.

Educational resources are being developed to assist policy owners with developing and writing policies and other standards documents.

Efforts are underway to identify ways to incentivize users to engage with Policy Manager.

The Policy Team will be soliciting feedback from the UConn and UConn Health communities to identify areas of improvement with the policy management process and access.

Information as of 5/17/2024

Reportline and Investigation

UCONN | UNIVERSITY OF CONNECTICUT
UNIVERSITY COMPLIANCE
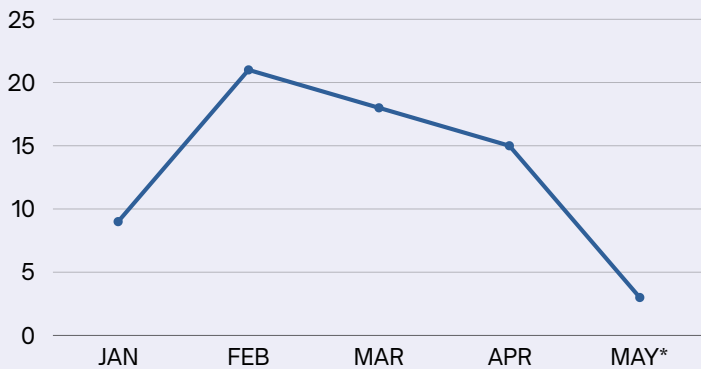
JANUARY - MAY 2024

Overview

The Office of University Compliance (OUC) has administered the University's Reportline for UConn since 2006. In June of 2018, that responsibility extended to UConn Health. In response to reported concerns, OUC works collaboratively with management and compliance units to investigate and address concerns.

In 2023, OUC saw its highest number of reports since the inception of the compliance program. This increase is in part due to the extension to UConn Health in 2018, but also due in large part to the increase in education and training on how to report compliance concerns.

To date, the total number of reported concerns are projected to be in line with the numbers from 2023; however, the number of reports from UConn Health, which usually account for 50% of reports, is currently at 36%.

2024 Reports Submitted by Month

*Total number of reports for May are incomplete

2024 Most Implicated Policies

- Code of Conduct
- The Student Code
- Non-Retaliation Policy
- Discrimination and Harassment
- FERPA Policy
- State Code of Ethics
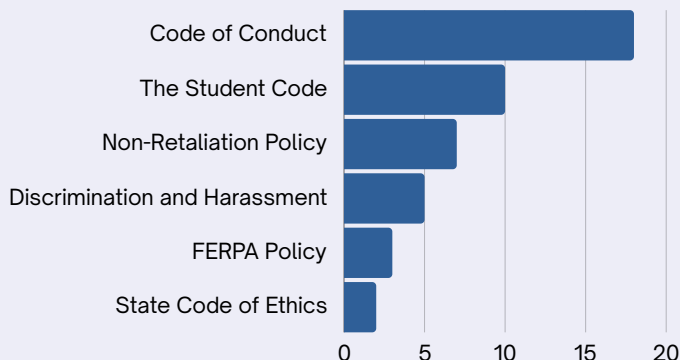
2024 Reportline Activity to Date

66
Total Reports

42
UConn

24
UCH

56% Anonymously submitted a report

75% Reporters identified as being an employee or student

50% Utilized the Reportline Webform to submit their concern

145
Follow-Up Communications

122 (OUC)

23 (Reporter)

In addition to the 66 initial reports, there have been 145 follow-up communications to date, of which ~15% were from reporters and ~85% were from OUC. This does not include phone calls or emails outside of EthicsPoint

*Data as of 5/22/2024

Reports by Incident Category
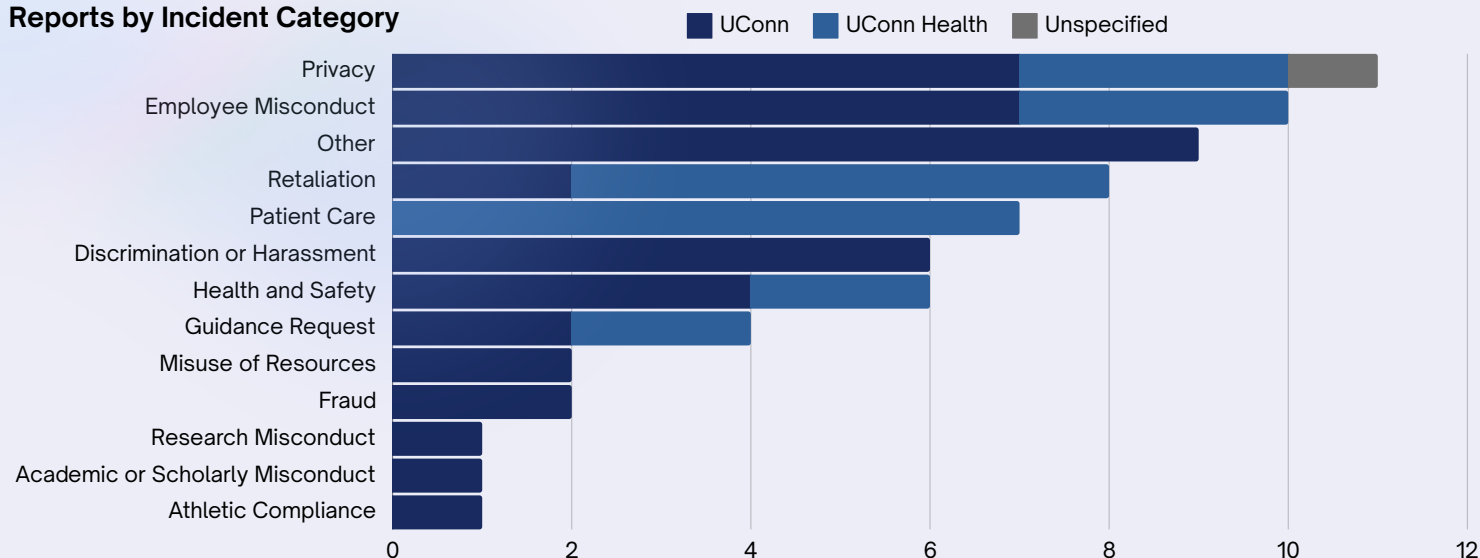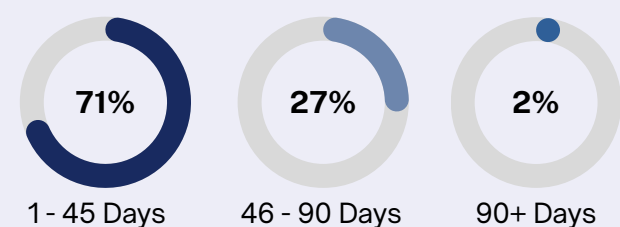
Legend: UConn, UConn Health, Unspecified

Category	Value (approx)
Privacy	~11 (UConn ~7, UConn Health ~3, Unspecified ~1)
Employee Misconduct	~10 (UConn ~7, UConn Health ~3)
Other	~9 (UConn)
Retaliation	~8 (UConn ~2, UConn Health ~6)
Patient Care	~7 (UConn Health)
Discrimination or Harassment	~6 (UConn)
Health and Safety	~6 (UConn ~4, UConn Health ~2)
Guidance Request	~4 (UConn ~2, UConn Health ~2)
Misuse of Resources	~2 (UConn)
Fraud	~2 (UConn)
Research Misconduct	~1 (UConn)
Academic or Scholarly Misconduct	~1 (UConn)
Athletic Compliance	~1 (UConn)

2024 Case Closure Rate

71% 1 - 45 Days

27% 46 - 90 Days

2% 90+ Days

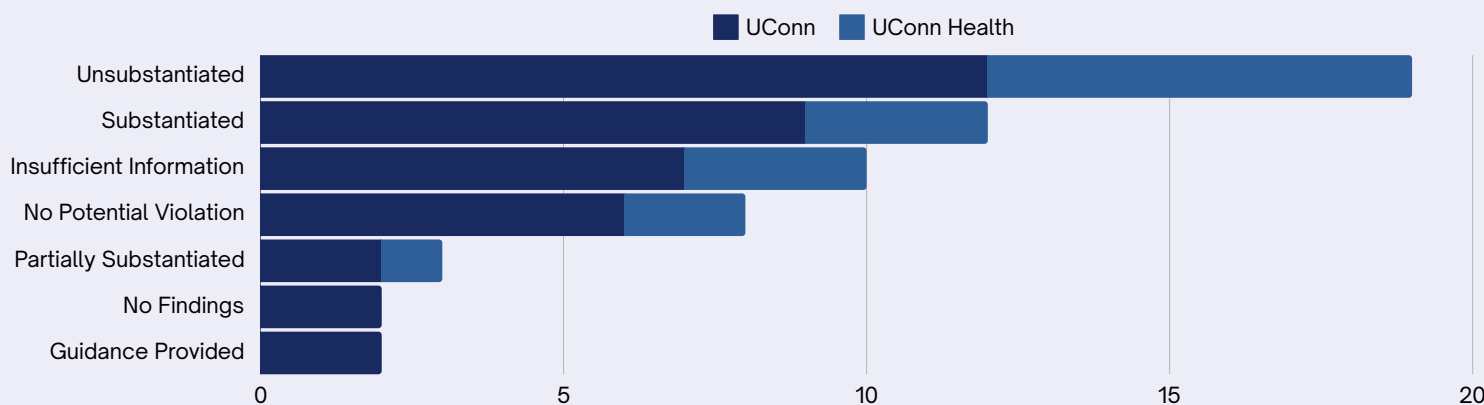Case closure rate measures the amount of time from when a report is received to when it is closed.

As cases close, these numbers will change.

75% Closed

2024 Investigation Findings

Legend: UConn, UConn Health

Finding	Value (approx)
Unsubstantiated	~19 (UConn ~12, UConn Health ~7)
Substantiated	~12 (UConn ~9, UConn Health ~3)
Insufficient Information	~10 (UConn ~7, UConn Health ~3)
No Potential Violation	~8 (UConn ~6, UConn Health ~2)
Partially Substantiated	~3 (UConn ~2, UConn Health ~1)
No Findings	~2 (UConn)
Guidance Provided	~2 (UConn)

2024 Actions and Recommendations

Legend: UConn, UConn Health

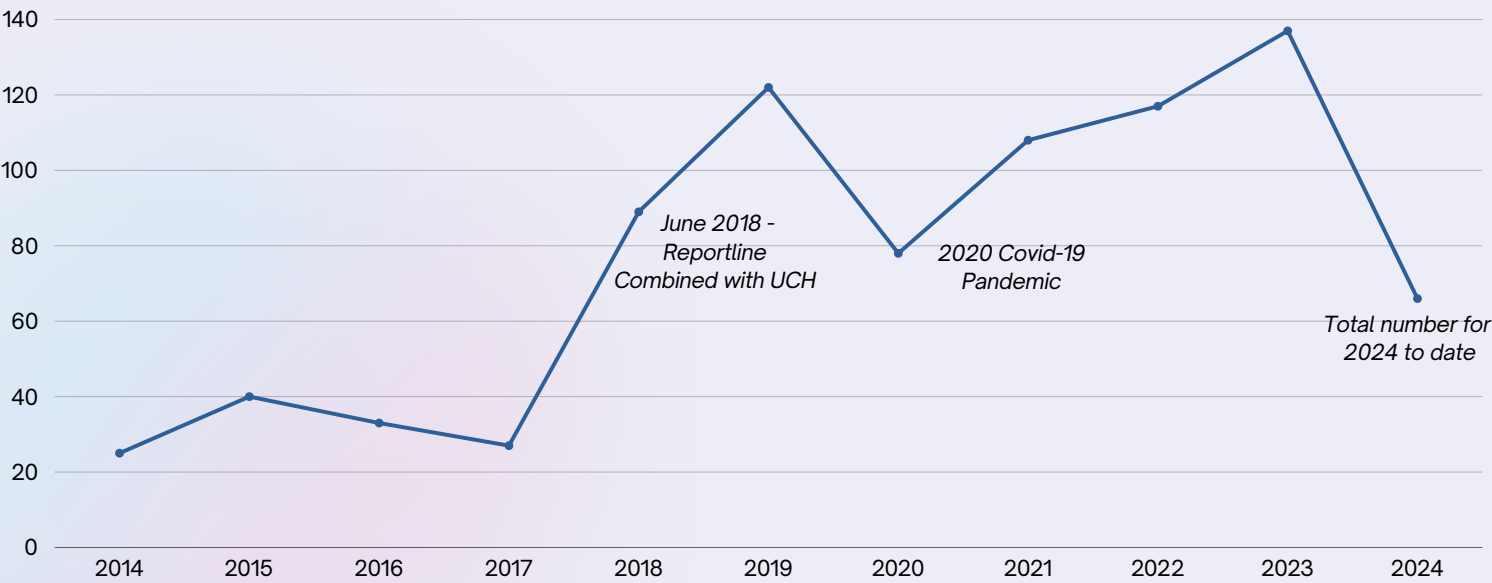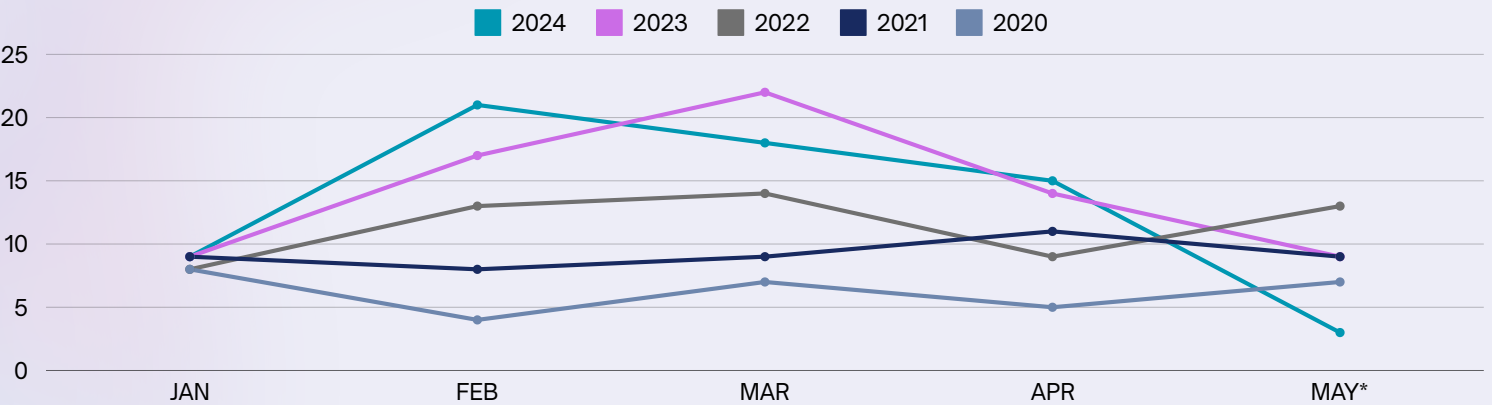| Action	Value (approx)
Communication to Management	~29 (UConn ~20, UConn Health ~9)
Referral to Resources	~10 (UConn ~8, UConn Health ~2)
Corrective Conversation	~3 (UConn ~2, UConn Health ~1)
Corrective Action - Systems	~3 (UConn ~2, UConn Health ~1)
Formal Discipline	~2 (UConn ~1, UConn Health ~1)
Training and Education	~2 (UConn)
Clarification of Policy	~1 (UConn)
Reporter Education	~1 (UConn)
External Notification	~1 (UConn)

54 Closed Cases

51 Outcomes

Actions and recommendations are regardless of finding. Additionally, one matter may result in multiple recommendations or none at all.
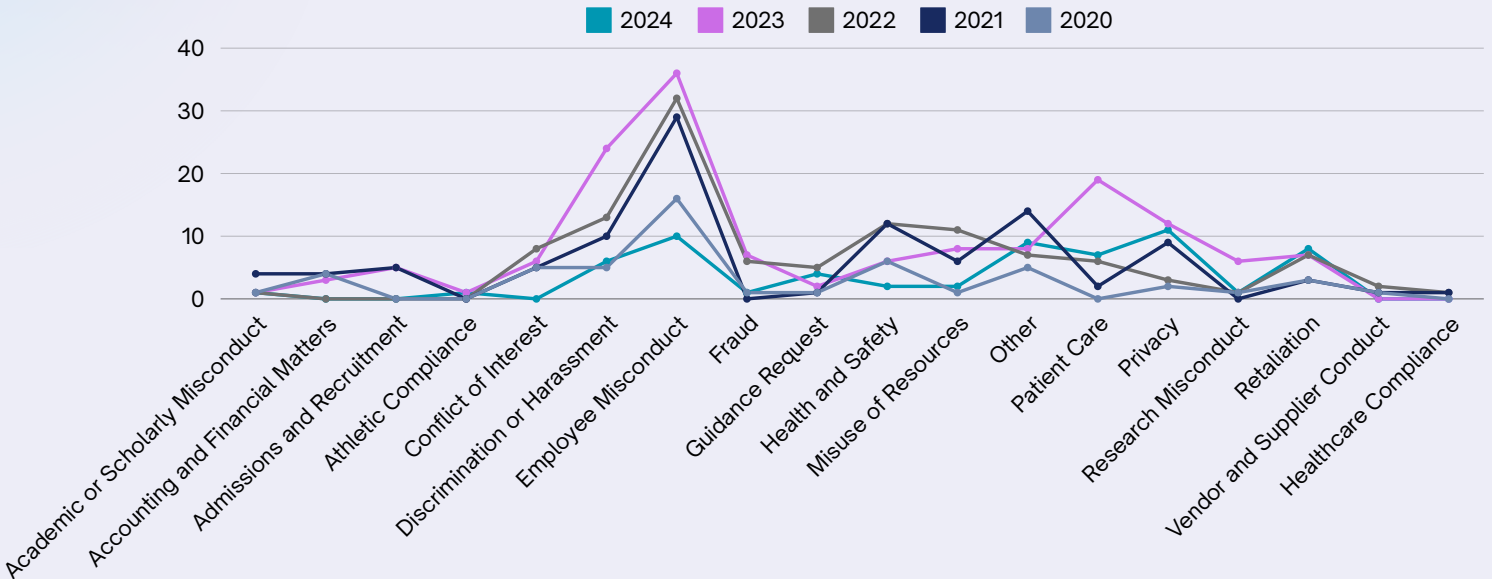
Data as of 5/22/2024

Reportline Activity - Ten Year Comparison (2014-2024)

June 2018 - Reportline Combined with UCH

2020 Covid-19 Pandemic

Total number for 2024 to date

X-axis: 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024
Y-axis: 0, 20, 40, 60, 80, 100, 120, 140

Year-Over-Year Comparison by Month (2020-2024)

Legend: 2024, 2023, 2022, 2021, 2020

X-axis: JAN, FEB, MAR, APR, MAY*
Y-axis: 0, 5, 10, 15, 20, 25

Year-Over-Year Comparison Incident Category (2020-2024*)

Legend: 2024, 2023, 2022, 2021, 2020

X-axis: Academic or Scholarly Misconduct, Accounting and Financial Matters, Admissions and Recruitment, Athletic Compliance, Conflict of Interest, Discrimination or Harassment, Employee Misconduct, Fraud, Guidance Request, Health and Safety, Misuse of Resources, Other, Patient Care, Privacy, Research Misconduct, Retaliation, Vendor and Supplier Conduct, Healthcare Compliance
Y-axis: 0, 10, 20, 30, 40

Data as of 5/22/2024

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ATTACHMENT 4.4

ATTACHMENT 4.4

Healthcare Compliance, Privacy & Integrity Program – Summary Dashboard
JACC, June 13, 2024

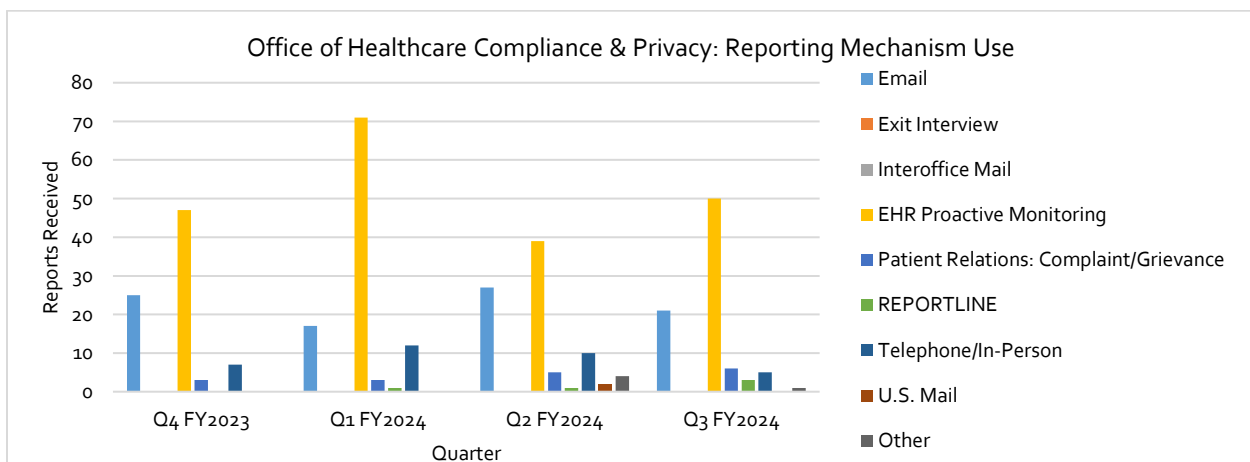| 1. Policies, Procedures, and Standards of Conduct	
Program Policies	Of twenty-six (26) current OHCP policies, four (4) are overdue for approval. Three of those are part of collaborative revision projects and two are expected to be retired in the next fiscal year. The UConn Health Administrative Policy Committee approved an expanded scope for 21 OHCP policies to reach the covered components of the UConn Hybrid Entity (six (6) Storrs-based entities that deliver healthcare).

2. Oversight	
Healthcare Compliance & Privacy Committee	Due to a variety of convening factors, Committee meetings cancelled in February and May 2024. Will resume in FY2025.
Office of Healthcare Compliance & Privacy	**Compliance Specialist (vacancy):** Revised position description completed with Human Resources; posting under development. **Specialist – Healthcare Compliance & Privacy – ACO Compliance:** Melissa A. Walsh (former Healthcare Compliance Specialist) rejoining the OHCP in this role starting May 31, 2024.

3. Education & Training	
Annual Mandatory Training	• Launched January 31, 2024, as one course comprised of three modules: (1) University Compliance, (2) Healthcare Compliance & Privacy, (3) Information Technology (IT) Security, due March 31, 2024. • As of May 17, 2024, **96% overall completion rate** (not considering current leaves of absence).
Board Education	From Signify Health, UConn Health's Accountable Care Organization as of January 1, 2024, the mandatory training **Compliance Training for Executives and Board Members** has been provided as part of the JACC June 13, 2024, meeting book.

4. Reporting & Communication

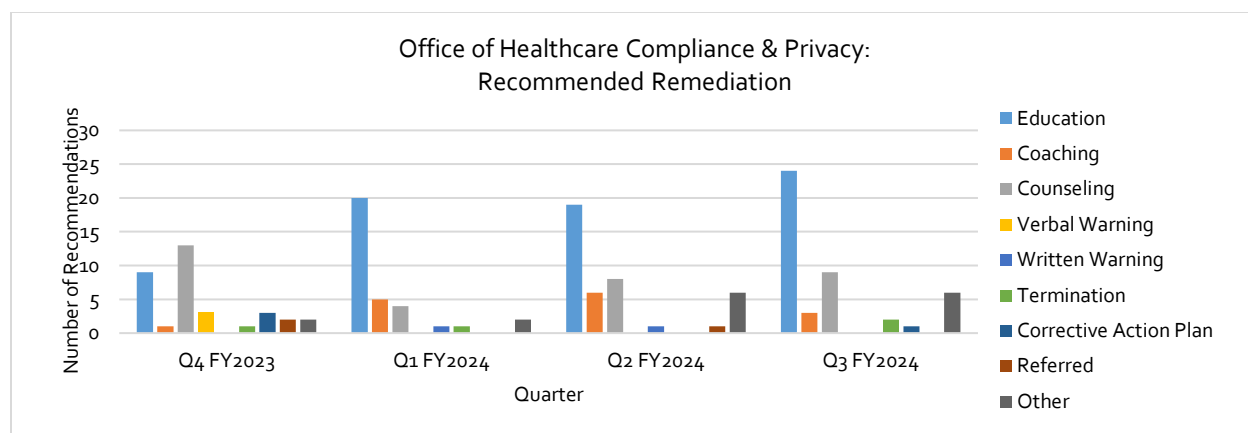Office of Healthcare Compliance & Privacy: Reporting Mechanism Use

5.	Auditing & Monitoring
Office of Healthcare Compliance & Privacy (OHCP) Work Plan	Of the 12 projects on the Interim Compliance Auditing and Monitoring Plan, one (1) remains open due to unexpected absences in the OHCP, with an updated expected completion by July 1, 2024, and three (3) have been postponed for addressment in FY2025. Of the eight (8) completed projects, no significant systemic issues identified.

NOTE: Summary metrics of **Government Post-Payment Audits** to be presented in Q1 FY2025 with total FY2024 results.
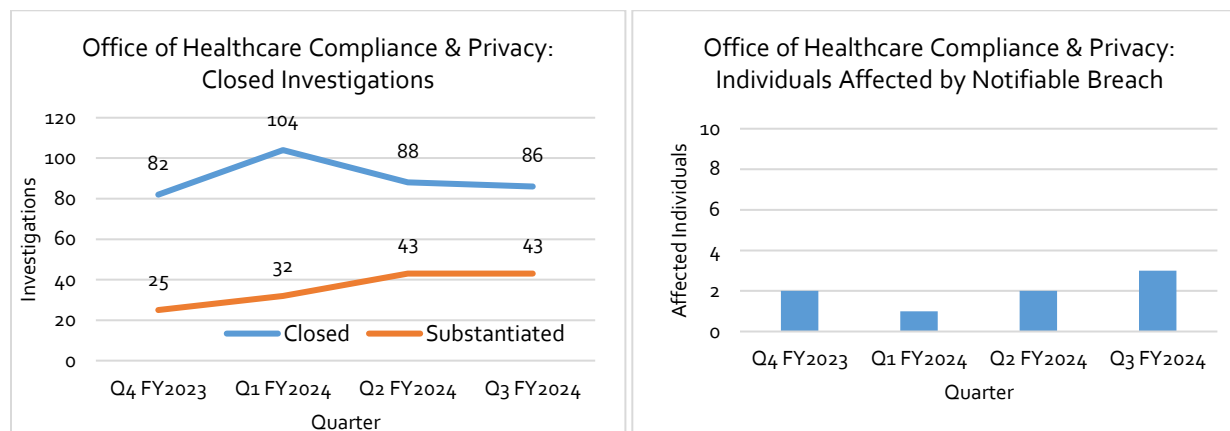
6.	Enforcement & Discipline

Office of Healthcare Compliance & Privacy: Recommended Remediation

7.	Response & Prevention
Compliance & Privacy Risk Assessment and OHCP Work Plan Development	Due to cancellation of the UConn Healthcare Compliance & Privacy Committee meetings in February and May 2024, the combined OHCP Risk Assessment and draft OHCP Annual Work Plan expected for presentation to the JACC in September 2024.

Office of Healthcare Compliance & Privacy: Closed Investigations

Office of Healthcare Compliance & Privacy: Individuals Affected by Notifiable Breach

ATTACHMENT 4.5

ATTACHMENT 4.5

UCONN
UNIVERSITY COMPLIANCE

COMPLIANCE CHATTER
Spring Series

Providing compliance reminders and resources all spring long!

This week's topic: Hosting Youth Activities at UConn and UConn Health

At UConn, including UConn Health, we are proud to serve our surrounding communities through a wide range of programs and activities. We are committed to promoting a safe and welcoming experience for the children and youth who participate in our programs.

Protection of Minors and Reporting of Child Abuse and Neglect Policy

The Protection of Minors and Reporting of Child Abuse and Neglect Policy is in place to:
1. Promote the protection of minors who participate in activities sponsored by UConn

2. Inform all members of the UConn community of their obligation to report any instances of known or suspected child abuse or neglect.

View the Policy

Hosting a Program Involving Minors?

University Sponsored activities involving minors must be registered with the University's Minor Protection Coordinator at least 30 days prior to the start of the program or activity.

The planning and registration process is structured into the following simple steps:

1. Familiarize Yourself With the Policy

View the **Protection of Minors and Reporting of Child Abuse and Neglect Policy and accompanying procedures**.

2. Register the Activity

First, get the activity approved by the appropriate Dean, Director, or Department Head.

Then, email **minorprotection@uconn.edu** to request access to the Minor Protection Registration form.

3. Meet Authorized Adult Requirements

Anyone planning to oversee minors who participate in University-sponsored activities (paid or unpaid) must:

1.Successfully pass a background screening within the last four years
2. Complete the University's minor protection training within the last year

3. Be registered with the University's Minor Protection Coordinator

4. Implement Health and Safety Strategies

At minimum, all University Sponsored Activities Involving Minors must implement and comply with University standards of conduct included in the accompanying procedures.

Also consider:
- Supervisory Ratios
- Restroom Protocols
- Transportation

See more

5. Collect Necessary Legal Forms

Examples of necessary forms include waivers, pick-up authorizations, and conduct attestation forms. Examples are available on the **Minor Protection Program website**.

Reach Out for Further Assistance

minorprotection@uconn.edu.

hr.uconn.edu/minor-protection

Check out this Compliance Clip

Hosting Youth Activities at UConn

Compliance Resources

Explore More Topics

Public Session - 102

INDIVIDUAL RESPONSIBILITY • INSTITUTIONAL SUCCESS

Report a Concern

in

Contact Us

UCONN
UNIVERSITY COMPLIANCE

COMPLIANCE CHATTER

Privacy Edition

Providing privacy reminders and resources.

This week's topic: Privacy reminders for the end of the semester

As we approach the end of another successful semester, it's time for a quick privacy pit stop! With everything wrapping up, it's easy for privacy practices to slip our minds, but it's important that we stay vigilant.

Just like our champions on the court, let's strive to be privacy champions in safeguarding sensitive information.

Safeguarding Student Information

One of our top priorities is safeguarding student information in accordance with the **Family Educational Rights and Privacy Act (FERPA)**. Some key takeaways:

- Remember to handle sensitive information with care. Instead of emailing spreadsheets with student information, opt for a secure file-sharing system when sharing data with authorized parties. **SharePoint is a great option.**

- If using SharePoint to share documents, be sure to create new files rather than editing and reusing existing files to ensure previous versions of the document are not accessed.

- Be sure to double-check email recipients and their email addresses before hitting send.

- When emailing a group of students, use the bcc line to prevent disclosure of individual student information to the entire group.

- Do not share or discuss student information publicly or on social media.

Secure Handling of Personal Data

Whether it's student records, research data, or any other sensitive information, it's essential to handle personal data securely. Keep confidential files in password-protected folders and avoid leaving sensitive documents unattended. **Securely dispose of any documents you no longer need.**

In addition, do not share or discuss student information with other employees unless they need to know as part of their official duties with UConn.

FERPA Training for Everyone

UConn's self-paced online FERPA Training for Everyone provides Faculty and Staff with information on the University's FERPA policy, procedures, and best practices to assist in carrying out everyday responsibilities. **It is recommended that faculty and staff complete FERPA Training at least annually.**

To access FERPA Training:

1. Log in to **HuskyCT**
2. On the Institutional Homepage, scroll down to "Self-Enroll Courses and Organizations for Faculty and Staff"
3. Select "FERPA Training for Everyone"
4. Select and complete the "Pre-Training Questionnaire"
5. Select "FERPA Training" on the left side navigation menu after submitting the Pre-Training Questionnaire
6. Select "UConn FERPA Training for Everyone" to begin the course

Additional Compliance and Privacy Resources

privacy@uconn.edu

Contact UConn Privacy.

privacy.uconn.edu

Learn more about Privacy at UConn.

Explore More Topics

View additional Compliance Clips and Chatters.

INDIVIDUAL RESPONSIBILITY • INSTITUTIONAL SUCCESS

Report a Concern

in

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UCONN

COMPLIANCE CHATTER

Ethics Edition

Highlighting Ethics News and Resources

This week's topic: Conflicts of interest and contracts with the state

Can my family's business contract with UConn?

This is one of the most common questions received by the Office of University Compliance from UConn employees - especially as it relates to the State Code of Ethics and conflicts of interest.

Learn about the important considerations for contracting with the state through this new Compliance Clip!

What You Need to Know

Contracts With The State

UConn employees, their immediate family members, and/or a business with which an employee or their family member is associated may not enter into a contract with UConn valued at $100 or more unless the contract has been awarded through an open and public process.

Financial Benefit

UConn employees may not use their state position for personal financial benefit, or the financial benefit of a family member or a business with which they, or a family member, are associated.

Seek Guidance

It is very important that UConn employees seek guidance from the Office of University

Compliance regarding any business that involves their spouses or immediate family members and UConn. Many of these situations are case-specific and one little detail about the circumstances can change the guidance. Remember that as State Employees, we have a personal responsibility to abide by the State Code of Ethics.

Our Ethics Liaison

Kimberly Fearney is the Ethics Liaison for UConn and UConn Health, and serves as a link between the University and the Office of State Ethics. The Ethics Liaison is responsible for coordinating and facilitating the development of ethics policies as well as conducting annual education and training concerning the State Code of Ethics.

All ethics inquiries or questions regarding compliance with the State Code of Ethics and/or the University's various ethics policies may be directed to:

Kim.Fearney@uconn.edu

Additional Resources

Guide to the State Code of Ethics

Learn more about the provisions in the State Code of Ethics.

Explore More Topics

Review additional Compliance Clips and Chatters.

Reminder: Complete Annual Compliance and Ethics Training

Deadline: May 31, 2024

Log in to Learning@Work

Find 2024 Annual Employee Compliance and Ethics Training under "My Learning."

Register for Live Webex Training

May 15, 2024
2pm - 3:30pm

Employees are only required to complete the training through either a live training session or the online self-paced course but do not need to complete both.

Special Payroll employees are not required to complete the training unless required by their Department Head.

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Report a Concern   in   **Contact Us**

HEALTHCARE COMPLIANCE & PRIVACY MATTERS

Compliance Training Readiness for Vendors and Contractors

All UConn Health Workforce Members, including Vendors and Contractors, must complete compliance training annually.

Read More
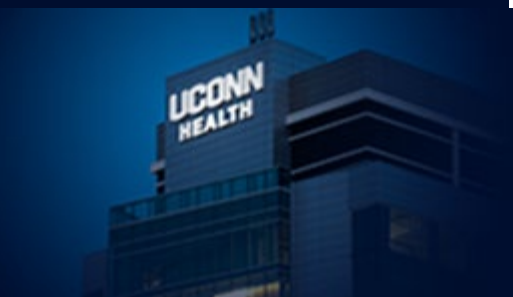

DID YOU KNOW?

To ensure compliance with the **21st Century Cures Act**, as of April 1st, 2024, Behavioral Health progress notes titled "Psychotherapy Notes" will be viewable in Epic to non-Behavioral Health providers. To view the content of these notes, which is permissible for purposes of Treatment, Payment, and Healthcare Operations, non-Behavioral Health providers will still need to "Break the Glass."

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

Phone: 860.679.6060 **Fax:** 860.679.1016

UCONN HEALTH

HEALTHCARE COMPLIANCE & PRIVACY MATTERS

2024 Annual Compliance Training Deadline Approaching

Have you completed your 2024 Annual Compliance Training? All UConn Health Workforce Members are required to complete this training by **March 30, 2024.**

Read More

DID YOU KNOW? 30 percent of UConn Health employees completed their 2024 Annual Compliance Training within the first two weeks of the launch.

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

Phone: 860.679.6060 **Fax:** 860.679.1016

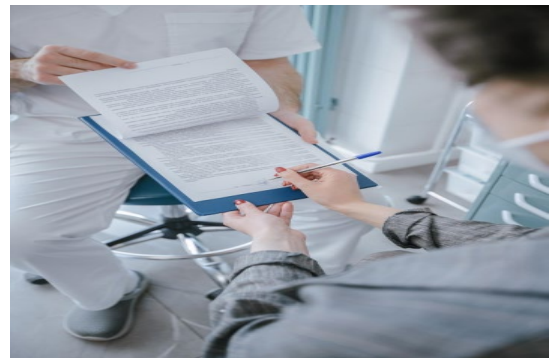UCONN HEALTH

HEALTHCARE COMPLIANCE & PRIVACY MATTERS

Disclosures of PHI to Law Enforcement

The HIPAA Privacy Rule permits certain disclosures of PHI to law enforcement for specific purposes. The OHCP offers this resource as guidance for permissible disclosures to law enforcement.

Consent and Conditions of Treatment Form

The UConn Health Consent and Conditions of Treatment Form, formally known as the Consent to Treat Form, has been updated and will roll out on   March 1, 2024, across the institution.

Read More

DID YOU KNOW? When using UConn Health Microsoft Outlook email to send protected health information (PHI), you must either (1) include **[SECURE]** (the brackets and the word) in the email subject line or body or (2) click the **Secure Email** padlock image button in the Outlook message ribbon. Always verify recipients before sending.

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

Phone: 860.679.6060 **Fax:** 860.679.1016

UCONN HEALTH

Compliance Training for Executives & Board Members
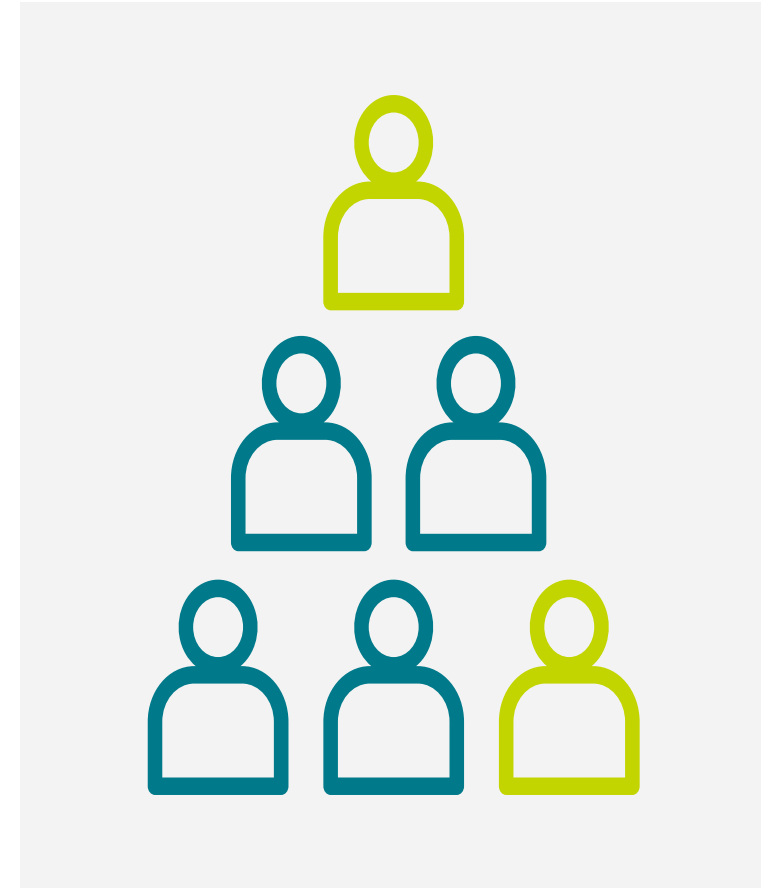
SIGNIFY HEALTH

Last Updated January 2023

What is an ACO?

- ACO stands for Accountable Care Organization

- ACOs are a group of doctors, hospitals, and other health care providers who voluntarily come together to coordinate care for their Medicare Patients.

- UConn Health is participating in the Medicare Shared Savings Program as an ACO

What are the Benefits of ACO Participation?

- Share in savings that result from providing high quality, coordinated care to your Medicare patients.

- CMS scoring benefits that will yield higher Medicare rates in subsequent years.

- Access CMS data to better manage the care of your patients and identify patients for care management.

- Access ACO Waivers for patient incentives, financial arrangements, and other Medicare rules.
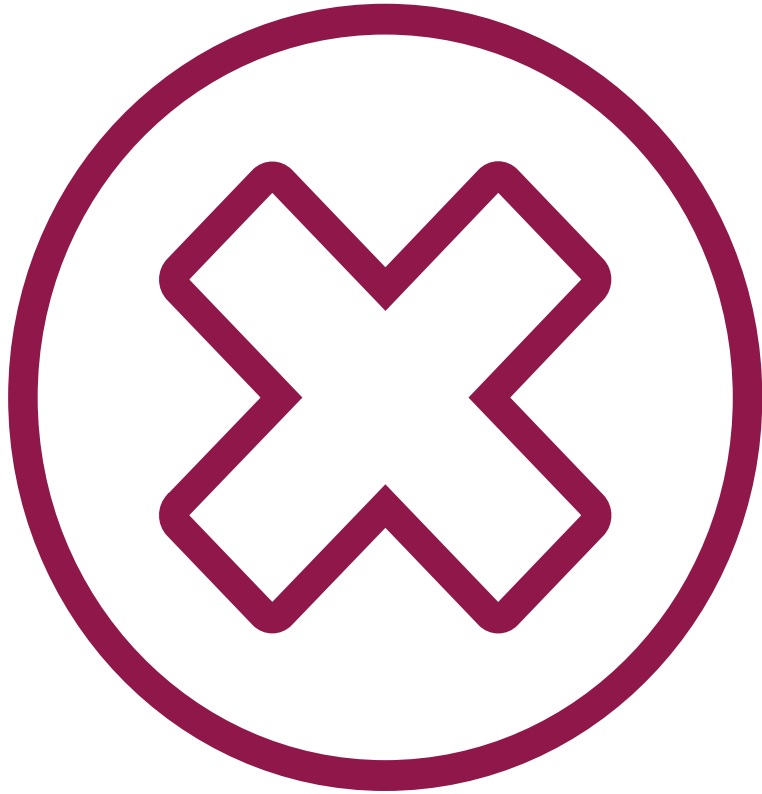
ACOs Provide Opportunities to Improve Care Management but are NOT…

A closed network, health insurance, or Medicare Advantage plan

- All Medicare patient protections remain in place

- Providers participate in the ACO and must follow additional ACO rules and measures

signifyhealth®

ACO Marketing & Promotion

Update: Marketing or promotional materials that reference ACOs or your participation in an ACO no longer require CMS approval.

- CMS may request the submission of marketing materials and issue notice of disapproval/discontinuation at any time.

- Marketing materials must still:

    o Use template language developed by CMS, if available;

    o Not to be used in a discriminatory manner or for discriminatory purposes;

    o Comply with prohibitions on beneficiary inducements; and

    o Not be materially inaccurate or misleading

signifyhealth.

Beneficiary Inducements Prohibited

Do not provide gifts or free services to Medicare patients!

- Any item of value that could be perceived as influencing health care choices is suspect under federal fraud and abuse laws.

- NEVER offer patients cash, cash equivalents, or waivers of cost-sharing as routine waiver.

- Limited exceptions exist around certain very low-cost items (nominal gifts) or items/services necessary for medical care when part of a valid program (ACO patient incentive).

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Non-Compliance Hurts Everyone
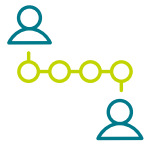
Your ACO Partners

- Termination of ACO Contract with CMS.
- Loss of shared savings

Your Organization

- Financial penalties
- Termination from the ACO
- Onerous corrective action plan

You!

- Personal liability (criminal and civil) for decision-making individuals

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For Questions or Concerns Regarding the ACO

Contact your organization's Compliance Officer

Elle Box, CHC
ebox@uchc.edu

Contact the ACO Compliance Officer

Tonya Gregory
tgregory@signifyhealth.com

Contact the ACO anonymous reporting hotline

Phone: 844-232-8709
signifyhealth.ethicspoint.com

Thank You

signifyhealth.com

To learn more about how your organization is performing on ACO compliance, contact your Compliance Officer or aco-compliance@signifyhealth.com and request to see your ACO compliance scorecard

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ATTACHMENT 5.1

ATTACHMENT 5.1

University of Connecticut

Joint Audit & Compliance Committee Meeting

Public Session

June 13, 2024

UConn – Information Technology Services

Financials FY2024 Operating

State Appropriation and Tuition Budget and Forecasted Expenditures:

Budget	$42.7M
Forecasted Personal Services and Fringe Benefits	$30.1M
Forecasted Operating Expenses	$12.6M
Forecasted Carryforward	$ 0.0M

In FY2024, an additional operating budget of $0.7M was approved for ITS. Due to contractual increases not centrally funded for this fiscal year, ITS internally funded all base salary, cost of living adjustment, and merit increases at 4.5%, which totaled ~$0.7M, effectively resulting in a $0.0M increase to the operating budget.

Deferred maintenance funding remains at $1.7M and wired access layer refresh cabling was funded at $2.0M. The wired and wireless equipment for the access layer is now on an annual refresh schedule and was funded at $1.0M.

Capital funding of $1.0M was approved this year for Network (Core and Distribution) and Security investments.

Information Technology Staffing (as of 05/15/24)

- ITS has six new open positions.
- There have been six new hires since March 7, 2024.
- There have been three new Special Payroll hires since March 7, 2024
- Since March 7, 2024, there have been three separations.
- Since March 7, 2024 there has been one retirement.

Major Outages (as of 5/23/2024)

Outage Taxonomy	# of Issues	Systems Affected
Network Issue - Hardware	0	
Network Issue - Software	0	
Network Issue – Request Flood	0	
System Issue - Hardware	0	
System Issue - Software	5	Kuali Build, Boomi, Confluence, Leap, Aurora.
Third Party	0	

Total # of Major Outages: 1

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ATTACHMENT 5.2

ATTACHMENT 5.2

Joint Audit & Compliance Committee: June 13, 2024

UConn Health Information Technology Services

Public Session Key Takeaways

- **Financials FY2024 Q3: $222,114 negative variance to budget.**
- **Staffing:**
  - **5 open positions**
  - **2 new positions**
- **Completed 30 projects between March – May 2024 or roughly 10 per month which is in alignment with our rolling monthly average of 10/month.**
- **Of the 7 active projects listed in the IT Infrastructure – Security Program that remain:**
  - **2 Projects are in a Green status and on track**
  - **5 Projects are Yellow in a Watch status. Of these, 3 are related to our Network Refresh efforts and under a Watch status due to supply chain delays. All equipment has been received and we are now in the 18 month deployment activities and monitoring closely.**
- **Two meetings of IT Governance have occurred to approve and prioritize major projects.**
- **Epic focus has been:**
  - **Delivery on key projects including implementations of: New Joint Venture UConn Health Imaging location, Opening of Brain and Spine Institute, Deployment of Embedded Psychology in Neurology in Munson 5, Implementation of Epic "Look-Alikes" for clinicians to connect with caregivers across the country for patients with unique diagnosis/symptoms, completed Cheers Wave 3 (Edno/Osteo merge), Alzheimer's Infusion Therapy culmination of 110 interdisciplinary team members contributing over 1000 hours to deliver this new treatment to patients.**
  - **Priority work/recognition includes: Achieved Epic Honor Roll Cum Laude award for our use of Epic systems, our processes and procedures resulting in $154k grant from Epic, Wound Care, EpicCare Link referral orders as well as DAX Copilot Epic/Nuance/Microsoft Ambient Listening AI Generative solution for EHR providers to translate conversations into draft medical notes.**

1

University of Connecticut

Joint Audit & Compliance Committee Meeting

Public Session

June 13, 2024

UConn Health – Information Technology Services

Financials FY2024 Q3 Operating

State Appropriation and Tuition Budget and Forecasted Expenditures:

Budget	$14,485,389
Personal Services and Fringe Benefits	$8,308,838
Purchased Services	$6,176,551
FY24 Q3 Actual/Projected	$14,263,275**/**$14,485,389
Q3 Variance	$222,114
FY24 Variance	($664,657)

Information Technology Staffing (as of 5/23/2024)

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

1. Open Positions:
   a. 5 Open Technology Positions
2. New Positions:
   a. 2 new positions
3. Hold: none
4. Terminations: none

Outages (2/17/24 – 5/23/24)

Outage	# of Issues	Duration	Systems Affected	Remediation
5/20/2024 9:30am	1	1 hour	Internet and phone services at Nayden Clinic Storrs	Staff dispatched to restart the VPN that went offline and restored service and VPN connectivity. While the device is functioning normally, we are replacing equipment with new solution in June.
5/7/2024 8:30am	1	1.5 hours	Nayden Clinic and BIRC Center	Power restored after and unplanned power outage on Storrs campus due to construction.
4/25/2024 9:00am	1	13 hours	Intermittent Phone outage - Frontier	Intermittent circuit once identified was removed from service restoring telephone service to normal. Bad switch gear was replaced, and circuit was reactivated.