



# UConn

UNIVERSITY OF CONNECTICUT

# UConn HEALTH

University of Connecticut Board of Trustees  
University of Connecticut Health Center Board of Directors

Joint Audit & Compliance Committee  
Virtual Meeting

March 27, 2025

## **PUBLIC SESSION**

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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# AGENDA

University of Connecticut Board of Trustees  
University of Connecticut Health Center Board of Directors  
**Joint Audit & Compliance Committee  
Virtual Meeting**

**Thursday, March 27, 2025**

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

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.)

AGENDA
<b>CALL TO ORDER</b>
<b>EXECUTIVE SESSION</b>
<b>PUBLIC PARTICIPATION</b>
Individuals who wish to speak during the Public Participation portion of the Thursday, March 27, meeting must do so 24 hours in advance of the meeting's start time (i.e., 10:00 a.m. on Wednesday, March 26) by emailing <a href="mailto:BoardCommittees@uconn.edu">BoardCommittees@uconn.edu</a> . 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 ( <a href="mailto:BoardCommittees@uconn.edu">BoardCommittees@uconn.edu</a> ), and all comments will be transmitted to the Committee.

Agenda Items	Proposed Action	Attachment
<b>MINUTES OF THE PRIOR MEETING</b>		
Minutes of December 19, 2024, Meeting	Approval	1.1
<b>EXTERNAL AUDIT ACTIVITIES</b>		
Status of External Audit Engagements	Update	2.1
<b>SIGNIFICANT INTERNAL AUDIT ACTIVITIES</b>		
Status of Audit Assignments	Update	3.1
Status of Audit Observations	Update	3.2
<b>COMPLIANCE ACTIVITIES</b>		
Significant Compliance Activities	Update	4.1
HealthCare Compliance & Privacy Dashboard	Informational	4.2
Informational/Educational Items	Informational	4.3
<b>INFORMATION TECHNOLOGY</b>		
UConn	Update	5.1
UConn Health	Update	5.2
<b>OTHER BUSINESS</b>		
<b>ADJOURNMENT</b>		

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

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# ATTACHMENT 1.1

# ATTACHMENT 1.1

**DRAFT MINUTES**

University of Connecticut Board of Trustees  
University of Connecticut Health Center Board of Directors  
**Joint Audit & Compliance Committee**  
Minutes of the Virtual Meeting  
**December 19, 2024**

<b>ATTENDEES</b>	
Committee Members	<u>Board of Trustees</u> Mark Boxer, Andrea Dennis-LaVigne, Jeanine Gouin, Daniel Toscano  <u>UConn Health Board of Directors</u> Francis Archambault, Jr., Richard Carbray, Jr.
University Staff	Radenka Maric, Andrew Agwunobi, Donald Babcock, Anne D’Alleva, David Denuzzio, Michael Dwyer, Kimberly Fearney, Jeffrey Geoghegan, Haleh Ghaemolsabahi, Kim Hill, Andrea Keilty, Stacy Koehler, Alyse Lofman-Kwapien, Peggy McCarthy, Rick McCarthy, Claire Murray, Gregory Perrotti, Angelo Quaresima, Rachel Rubin, Janel Simpson, Scott Simpson, Joseph Thompson, David Wallace, and Michelle Williams
External Invitees	John Harrison, Darryn McGarvey, Shane Metzler, Taylor Puuri

Vice-Chair Boxer called the meeting to order at 10:00 a.m.

1. Executive Session

On a motion by Director Archambault, seconded by Director Carbray, 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, Carbray, Dennis-LaVigne, Gouin, and Toscano.

University Staff: Maric, Agwunobi, D’Alleva, Dwyer, Fearney, Geoghegan, Hill, Keilty, Koehler, P. McCarthy, Murray, Perrotti, Quaresima, Rubin, J. Simpson, S. Simpson, and Williams.

**DRAFT MINUTES**

University of Connecticut Board of Trustees  
University of Connecticut Health Center Board of Directors  
**Joint Audit & Compliance Committee**  
Minutes of the Virtual Meeting  
**December 19, 2024**

The following University staff were in attendance for part of the Executive Session: Babcock, Ghaemolsabahi, R. McCarthy, and Wallace.

The Executive Session ended at 10:39 a.m., and the Committee returned to Open Session at 10:40 a.m.

2. Public Participation

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

3. Minutes of September 26, 2024, Meeting

On a motion by Director Archambault, seconded by Trustee Dennis-LaVigne, the Committee voted to unanimously approve the minutes of the September 26, 2024, meeting.

4. External Audit Activities

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

Darryn McGarvey and Taylor Puuri of Clifton Larson Allen, LLP (CLA) presented their audits of UConn Health's John Dempsey Hospital, UConn Medical Group & Finance Corporation Financial Statements for Fiscal Year Ended June 30, 2024.

Mr. Quaresima requested that the Committee approve the extension of the appointment of CLA for Fiscal Year 2025.

On a motion by Director Archambault, seconded by Trustee Dennis-LaVigne, the Committee voted to unanimously approve the extension of CLA's engagement for Fiscal Year 2025.

Shane Metzler of James Moore & Co (JMC)) presented their Independent Accountants' Report on the Application of Agreed-Upon Procedures performed on the Athletics Program as required by the NCAA for Fiscal Year Ended June 30, 2024.

John Harrison of the Auditors of Public Accounts presented the UConn and UConn Health Annual Comprehensive Financial Reports for Fiscal Year Ended June 30, 2024.

5. Significant Internal Audit Activities

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

Mr. Quaresima provided the committee with revised charters for both the Office of Audit & Management Advisory Services as well as the Joint Audit & Compliance Committee.

**DRAFT MINUTES**

University of Connecticut Board of Trustees  
University of Connecticut Health Center Board of Directors  
**Joint Audit & Compliance Committee**  
Minutes of the Virtual Meeting  
**December 19, 2024**

On a motion by Director Archambault, seconded by Trustee Dennis-LaVigne, the Committee voted to unanimously approve the revised Audit & Management Advisory Services charter.

On a motion by Director Archambault, seconded by Trustee Dennis-LaVigne, the Committee voted to unanimously approve the revised Joint Audit & Compliance Committee charter.

6. Compliance Activities

Associate Vice President and Chief Compliance Officer Fearney presented the Committee with an update on significant compliance activities, the University Compliance Data and Trends 2024 Annual Report, as well as several informational/educational items.

Interim Chief Healthcare Compliance & Privacy Officer, Scott Simpson provided an update on Healthcare Compliance & Privacy. Mr. Simpson introduced Michael Dwyer, who was recently hired as the new Chief Healthcare Compliance & Privacy Officer.

7. Information Technology Updates

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

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

8. Other Business

The JACC meeting schedule for the calendar year 2025 was provided to the Committee.

9. Adjournment

On a motion by Trustee Gouin, seconded by Director Archambault, the Committee voted unanimously to adjourn the meeting. The Committee adjourned at 11:26 a.m.

Respectfully submitted,  
*Karen Violette*

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# ATTACHMENT 2.1

# ATTACHMENT 2.1

University of Connecticut Board of Trustees  
University of Connecticut Health Center Board of Directors

**Joint Audit & Compliance Committee  
March 27, 2025**

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 UConn Health’s John Dempsey Hospital, UConn Medical Group, & Finance Corporation Financial Statements	FY 25 No Activity	FY 24 Issued 11/20/24, 11/20/24 & 12/3/24	2	0	2
James Moore & Co	UConn Athletics	Annual NCAA agreed upon procedures performed on all revenues, expenses, and capital expenditures for the Athletics Program	FY 25 No Activity	FY 24 Issued 12/3/24	No Recommendations Reported		
CBIZ CPAs P.C. (formerly 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 Statutes (CGS)	FY 24 Underway	FY 23 Issued 2/15/24	2	0	2
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 Underway	CY 23 Issued 2/24, 2/24 & 2/24	10	10	0
State Auditors	UConn & UConn Health	Annual audit of Federal Funds required under the Federal Single Audit Act (SWSA)	FY 24 Underway	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 25 No Activity	FY 24 Issued 12/6/24	No Recommendations Reported		
State Auditors	UConn Health	Annual audit of financial statements included in the Annual Comprehensive Financial Report (ACFR)	FY 25 No Activity	FY 24 Issued 12/12/24	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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# ATTACHMENT 3.1

# ATTACHMENT 3.1

University of Connecticut Board of Trustees  
 University of Connecticut Health Center Board of Directors  
**Joint Audit & Compliance Committee**  
**March 27, 2025**

Status of Audit Assignments  
 As of February 28, 2025

Audit Project	Campus	Current Status	Anticipated JACC Meeting			
			Mar 2025	Jun 2025	Sep 2025	Dec 2025
Concur Travel - Athletics	UC	Report				
Faculty Consulting FY24	UC/UH	Report				
Human Subject Incentive Payments	UC	Report				
Microsoft Office 365 Security and Configuration	UH	Report				
New England Sickle Cell Institute	UH	Report				
Clinical Engineering - Equipment Management	UH	Fieldwork				
Decentralized IT General Controls – Clinical Laboratory	UH	Fieldwork				
Medical Device Security	UH	Fieldwork				
Special Payroll - UConn	UC	Fieldwork				
Special Payroll - UConn Health	UH	Fieldwork				
Time and Effort Reporting - UConn	UC	Fieldwork				
UConn Health Surgery Center	UH	Fieldwork				
University of Connecticut Foundation FY24	UC/UH	Fieldwork				
Fleet Vehicles	UC	Planning				
Time and Effort Reporting - UConn Health	UH	Planning				

Special Projects/Consulting	Campus	Current Status	
		In Progress	Project Final
School of Business Travel Review	UC		
Procurement Student Health Insurance Bid Review	UC		

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# ATTACHMENT 3.2

# ATTACHMENT 3.2

University of Connecticut & UConn Health  
 Joint Audit & Compliance Committee Meeting  
 March 27, 2025

Status of Audit Observations  
 Aging of Overdue Management Actions by Functional Area Based on Original Due Date  
 As of February 28, 2025

Functional Area	Not Due			0-3 Mos			3-6 Mos			6-12 Mos			1-2 Yrs			2-3 Yrs			> 3 Yrs			Total
	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	L	M	H	
<b>UConn:</b>																						
UC College of Liberal Arts and Sciences															2							2
UC Controller		4		2	4	1												1				12
UC Facilities Operations																				7		7
UC Human Resources																				3		3
UC Information Technology Services		1	1	2	12				3		3	5		2								29
UC Office of Global Affairs																	1					1
UC Office of the Provost	1	1		1						1												4
UC Procurement	1	2		2																		5
UC Research Compliance Services																				2		2
<b>UConn Total</b>	<b>2</b>	<b>8</b>	<b>1</b>	<b>3</b>	<b>8</b>	<b>13</b>			<b>3</b>	<b>1</b>	<b>3</b>	<b>5</b>		<b>2</b>	<b>2</b>		<b>1</b>	<b>1</b>	<b>2</b>	<b>10</b>		<b>65</b>
<b>UConn Health:</b>																						
UCH CEO and EVP for Health Affairs																				2		2
UCH CFO														1								1
UCH Human Resources																				2		2
UCH Information Technology Services														3	3		2	1		2	5	16
UCH JDH Administration				1	4		1			2	2		2	3						2		17
UCH JDH and UMG Revenue Cycle Management				1	1		1				7			2						1		13
UCH JDH Quality and Patient Services					1															1		2
UCH School of Dental Medicine																				2		2
UCH School of Medicine																				2		2
<b>UConn Health Total</b>				<b>2</b>	<b>6</b>		<b>2</b>		<b>2</b>	<b>9</b>	<b>9</b>	<b>3</b>	<b>2</b>	<b>9</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>10</b>	<b>5</b>		<b>57</b>
<b>UConn &amp; UConn Health Total</b>	<b>2</b>	<b>8</b>	<b>1</b>	<b>5</b>	<b>14</b>	<b>13</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>12</b>	<b>5</b>	<b>2</b>	<b>11</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>20</b>	<b>5</b>	<b>122</b>	

**Note: The net number of management open actions decreased by 23 from 145 to 122 from the prior reported quarter.**

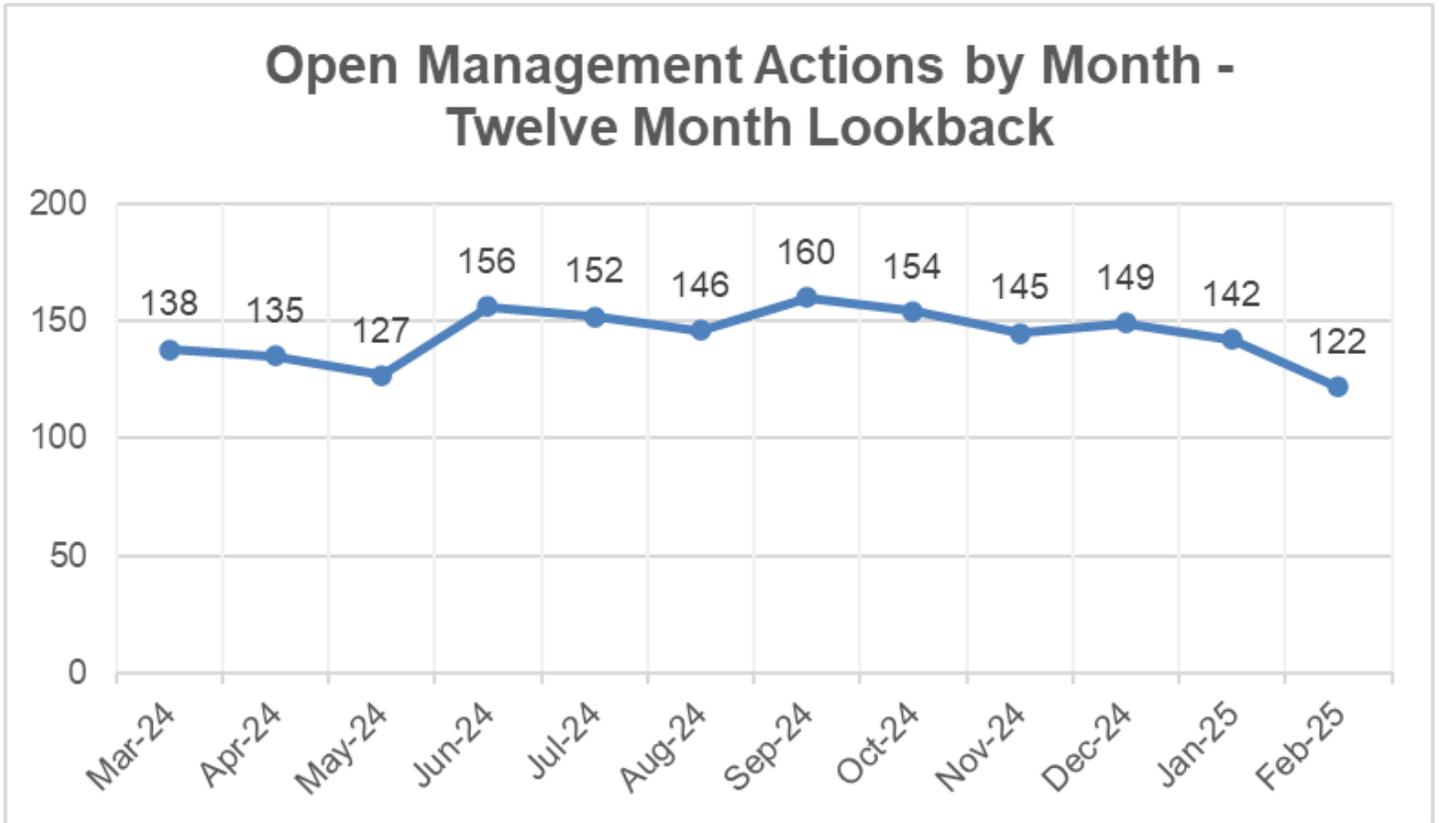
University of Connecticut & UConn Health  
 Joint Audit & Compliance Committee Meeting  
 March 27, 2025

Status of Audit Observations  
 Aging of Overdue Management Actions by Finding Category Based on Original Due Date  
 As of February 28, 2025

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	
<b>UConn:</b>																						
Business Process Improvement	2	2		2	2	1															2	11
Documentation				1							1											2
Governance		1																				1
Management Oversight		2			1																	3
Monitoring		1																				1
Policy		1			2						1						1		1	2		8
Regulatory Compliance																		1	1			2
Security			1		2	12			3		1	3		1	2						6	31
Segregation of Duties											1											1
Technology		1			1																	2
Training														1								1
Use of Resources												2										2
<b>UConn Total</b>																					<b>65</b>	
<b>UConn Health:</b>																						
Business Process Improvement				2							1		2						2	1		8
Documentation											1			1			1					4
Management Oversight					1						1	3		2						1		8
Monitoring											4			1	1					2		8
Policy								1						1						1	1	4
Regulatory Compliance					4			1						3						1		9
Security														1	2			1		1	3	8
Technology																	1			1	2	4
Training					1						1											2
Use of Resources																				2		2
<b>UConn Health Total</b>																					<b>57</b>	
<b>UConn &amp; UConn Health Total</b>																					<b>122</b>	

University of Connecticut & UConn Health  
Joint Audit & Compliance Committee Meeting  
March 27, 2025

Status of Audit Observations  
Trend Analysis of Monthly Balances of Open Management Actions  
As of February 28, 2025



**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  
 March 27, 2025

Status of Audit Observations  
 Management Actions Closed By Functional Areas And Risk Level  
 For the Period December 1, 2024 to February 28, 2025

Functional Area	Implemented			Recommendation Moved to / Included in Another Audit			Total
	L	M	H	L	M	H	
<b>UConn:</b>							
UC Controller	1						1
UC Information Technology Services		1	4				5
UC Research Compliance Services	1						1
UC School of Business			2				2
<b>UConn Total</b>	<b>2</b>	<b>1</b>	<b>6</b>				<b>9</b>
<b>UConn Health:</b>							
UC Office of Institutional Equity		1					1
UCH Ambulatory Care	2						2
UCH CFO		1					1
UCH Controller		2					2
UCH Information Technology Services	2	5	1				8
UCH JDH Administration	1	1					2
UCH JDH and UMG Revenue Cycle Management	1	3					4
UCH School of Dental Medicine	2						2
UConn Medical Group	1						1
<b>UConn Health Total</b>	<b>9</b>	<b>13</b>	<b>1</b>				<b>23</b>
<b>UConn &amp; UConn Health Total</b>	<b>11</b>	<b>14</b>	<b>7</b>				<b>32</b>

University of Connecticut & UConn Health  
 Joint Audit & Compliance Committee Meeting  
 March 27, 2025

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	<p>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:</p> <ul style="list-style-type: none"> <li>• Noncompliance with internal policies</li> <li>• Lack of internal policy that is not mandated by federal and state requirements</li> <li>• Minimal financial losses</li> <li>• Minor operational issues</li> </ul>
Moderate	<p>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:</p> <ul style="list-style-type: none"> <li>• More than minimal financial losses or fraud or theft of resources</li> <li>• Noncompliance with laws and regulations or accreditation standards</li> <li>• Ineffective internal policy or practice</li> <li>• Reputation damage</li> <li>• Negative impact to audit area under review, which includes continuity, security and privacy issues</li> <li>• Safety and health concerns</li> </ul>
High	<p>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:</p> <ul style="list-style-type: none"> <li>• Substantial financial losses or fraud or theft of resources</li> <li>• Noncompliance with significant laws and regulations</li> <li>• Serious reputation damage</li> <li>• Negative impact to systemwide operations, which includes continuity, security and privacy issues</li> <li>• Significant safety and health concerns</li> </ul>

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# ATTACHMENT 4.1

# ATTACHMENT 4.1

**Joint Audit and Compliance Committee JACC  
Significant Compliance Activities  
December 2024 - February 2025**

*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)	
As of March 6, 2025, OUC has received 45 reported concerns in 2025, a 32% increase in reports seen during the same timeframe in 2024.	
Annual Compliance and Ethics Training launched in January 2025 for UConn and UConn Health. Training includes information on the University’s Code of Conduct, the University Guide to the State Code of Ethics, Privacy, Employee Reporting Obligations under Title IX, and Export Control Regulations.	
Educational email campaigns (9) were developed and disseminated to the UConn and UConn Health communities on topics such as the Gift Rules within the State Code of Ethics, University Policy Updates, and Artificial Intelligence and Data Privacy.	
OUC developed a new Minor Protection Training for those working with minors in UConn Sponsored Activities, and a new standalone training specifically for Program Directors.	
The Minor Protection Program (MPP) served 37,745 minors and 2,830 adults; 18 UConn-Sponsored Programs were registered under MPP.	
University Compliance collaborated with the Office of Governmental Relations to provide comments regarding compliance with FERPA in connection with two proposed legislative bills affecting the University: <i>An Act Expanding Dual Credit Opportunities</i> ; and <i>An Act Concerning Higher Ed Implementer Items (Preschool Through Twenty and Workforce Information Network (P20 WIN))</i> .	
The Privacy Officer was invited to membership of the Data Privacy Subcommittee of P20 WIN Data Governing Board (State of CT)	
The Policy team launched several new educational initiatives including a quarterly policy-writing education session and a targeted training for approval workflow participants at UConn Health.	

**Joint Audit and Compliance Committee JACC  
Significant Compliance Activities  
December 2024 - February 2025**

*7 Elements of an Effective Compliance Program*



**Significant Compliance Activities - OUC (Cont.)**

University Compliance and the Office of Healthcare Compliance and Privacy met with Student Health and Wellness leadership to establish compliance support for clinical areas that reside on the Storrs Campus. Future visits to additional areas that service patients or handle protected health information on the Storrs and Regional Campuses are being planned.	●	●	●	●
The policy team assisted with the recent College of American Pathologists accreditation site visit, and two Department of Public Health site visits to JDH.	●	●	●	
The policy team worked with UConn Health IT to update the Policy Manager application programming interface (API) to create a publicly accessible facility for policies and other standards documents.	●			
Campus applicability terms were standardized and approved by the President’s Senior Policy Council for consistency across campuses.	●	●		
The Faculty Consulting Oversight Committee submitted the Consulting Program FY 24 Annual Report to the state legislature	●	●	●	

**Additional Updates**

Kayla Hogrefe, Assistant Director for Education and Development, received the Certified Compliance & Ethics Professional (CCEP) designation from the Society for Corporate Compliance and Ethics (SCCE) in November 2024

Stephanie Guralnick, Assistant Director for Policy, received the Certified Healthcare Compliance (CHC) designation from the Health Care Compliance Association (HCCA) in January of 2025.

Kimberly Fearney participated in a panel discussion at the 24<sup>th</sup> Annual Council of Governmental Ethics Law (COGEL) Conference

# ATTACHMENT 4.2

# ATTACHMENT 4.2

# Healthcare Compliance, Privacy & Integrity Program – Summary Dashboard

JACC, Thursday, March 27, 2025

## 1. Policies, Procedures, and Standards of Conduct

Program Policies	<p>Of the twenty-five (25) current OHCP policies, fifteen (15) are overdue for approval. Three (3) of these overdue policies are part of collaborative revision projects, and one (1) is expected to be retired this fiscal year.</p> <p>The OHCP recently changed from a three-year review cycle to a one-year cadence, which caused several policies to become overdue simultaneously. Efforts are currently underway to bring these policies to committee review.</p>
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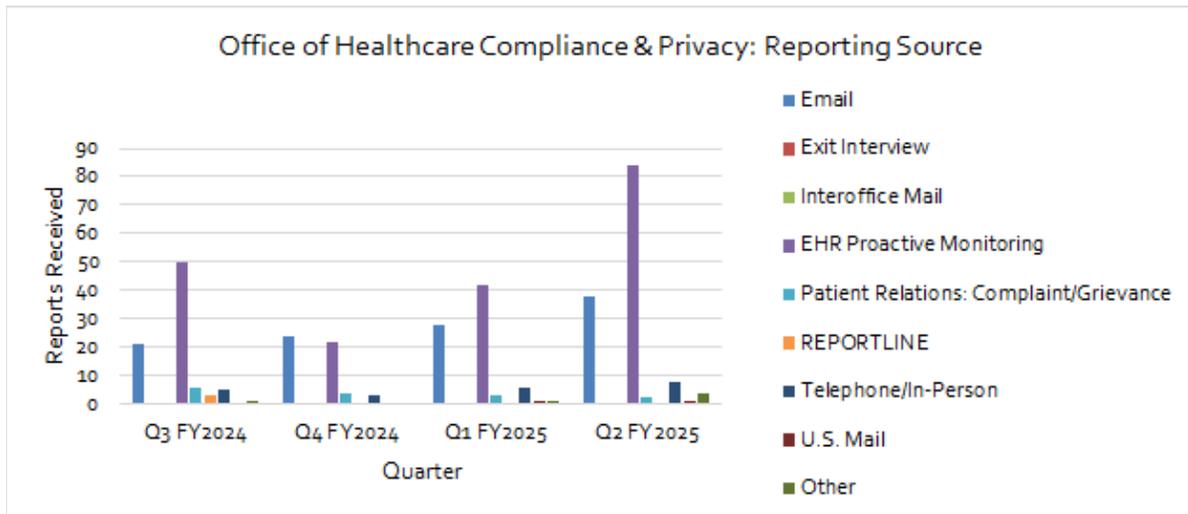
## 2. Oversight

Healthcare Compliance & Privacy Committee	<p>Committee convened on February 21, 2025, with a quorum present. Members reviewed the Charter, which had not been examined since the November 2023 meeting. The primary focus was the June 14, 2025 security incident. Discussion addressed the investigation process, notification of affected parties, associated costs, and enhanced security measures implemented to prevent future breaches.</p>
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## 3. Education & Training

Annual Mandatory Education	<p>The combined OHCP and IT Security annual training launched on January 23, 2025. This year's training contains two mandatory sections: Healthcare Compliance &amp; Privacy (covering Fraud, Waste, and Abuse Laws and Enforcement; The HIPAA Privacy Rule and Safeguarding PHI; and Reporting Healthcare Compliance and Privacy Concerns and Incidents) and IT Security (covering HIPAA Security Rule and IT Security Standards and Procedures). The deadline for completion is April 23, 2025. <b>As of February 26, 2025, 42% of employees have completed the training.</b></p>
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## 4. Reporting & Communication



**Healthcare Compliance, Privacy & Integrity Program – Summary Dashboard**  
 JACC, Thursday, March 27, 2025

5. Auditing & Monitoring	
Office of Healthcare Compliance & Privacy (OHCP) Work Plan	Currently, the Interim Compliance Auditing and Monitoring Plan has six (6) ongoing projects, with four (4) of these projects expected to be completed by March 31, 2025. The remaining two (2) projects do not have completion dates pending the finalization and approval of the updated Compliance Risk Assessment and Work Plan, which is planned to be presented and approved at the next Healthcare Compliance & Privacy Committee meeting to be held during Q4 FY 2025.

Government Post-Payment Audits Jul. 1, 2024 – Dec. 30, 2024	Records Requested	\$ at Risk	Records Pending	Records Denied	\$ Recouped to Date
RAC – JDH	23	\$155,654	0	8	\$376
RAC - UMG	29	\$51,169	6	8	\$12,533
MAC – PERM	2	\$21,590	2	0	\$0
TPE – JDH No open reviews	N/A	N/A	N/A	N/A	N/A
TPE – UMG	40	\$686	0	1	\$11
QIO – High Weighted DRG	1	\$16,441	0	0	\$0
CERT	N/A	N/A	N/A	N/A	N/A

**EXPLANATION:** The government contracts various post-payment audit programs to detect and correct improper payments due to billing, coding, documentation, and other types of errors. For each reviewed encounter/payment (“Record”), the total number of records requested comprises the “Records Requested;” Records identified as having an error comprise the “Records Denied.” For each reviewed Record, the originally paid dollars comprise the “\$ at Risk” amounts; dollars taken back from that pool due to an identified error comprise the “\$ Recouped to Date” amounts.

**Recovery Audit Contractor (RAC)** – Represents ongoing audits performed by a regionally assigned Medicare program contractor tasked with identifying over- and underpayments made by Medicare Part A and Part B.

**Medicare Administrative Contractor (MAC)** – Represents ongoing audits performed by a private healthcare insurer awarded a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims or Durable Medical Equipment (DME) claims for Medicare Fee-For-Service (FFS) beneficiaries.

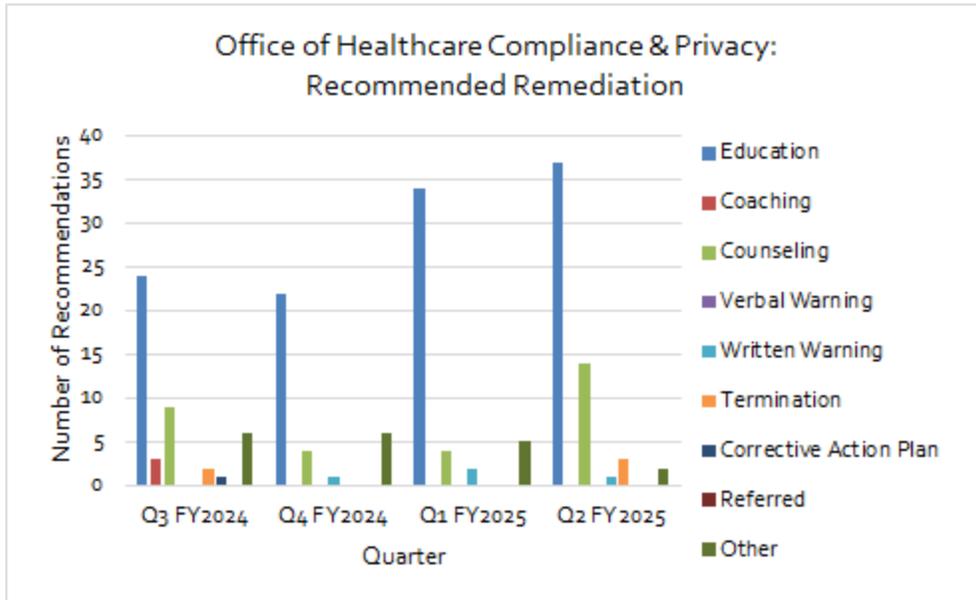
**Targeted Probe and Educate (TPE)** – Represents a defined audit performed by a Medicare Administrative Contractor for a specific topic based on patterns of claims denials and appeals.

**Quality Improvement Organization (QIO)** – Represents a defined audit performed by a CMS-designated group of health quality experts, clinicians and consumers tasked with improving the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries.

**Comprehensive Error Rate Testing (CERT)** – Represents ongoing audits performed by a CMS contractor to measure the error rate of improper Fee-for-Service payments for failure to meet Medicare requirements for coverage, coding, and billing rules (or failing to provide medical records for an initiated audit).

**Healthcare Compliance, Privacy & Integrity Program – Summary Dashboard**  
 JACC, Thursday, March 27, 2025

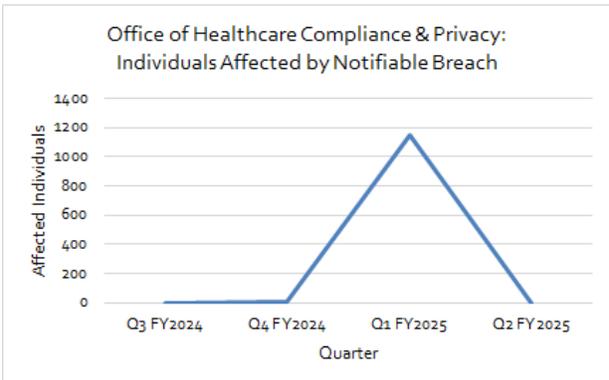
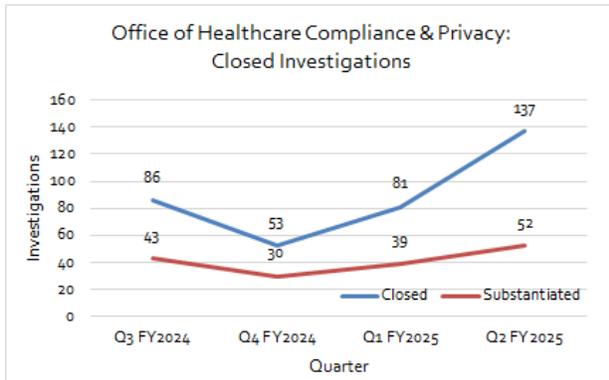
**6. Enforcement & Discipline**



**7. Response & Prevention**

Compliance & Privacy Risk Assessment and OHCP Work Plan Development

Update of the Compliance Risk Assessment and Work Plan is in-process, which is planned to be presented and approved at the next Healthcare Compliance & Privacy Committee meeting to be held during Q4 FY 2025.



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# ATTACHMENT 4.3

# ATTACHMENT 4.3

## Compliance Chatter

### Artificial Intelligence (AI) and Data Privacy



AI technologies can mimic higher-level thinking and perform tasks that typically require human input. Online AI tools, like Microsoft 365 Copilot, Microsoft 365 Copilot Chat, and ChatGPT, use natural language processing and machine learning, which allow them to interact with users and create content. They are "trained" on the information they analyze and use this knowledge for future interactions.

#### Microsoft 365 Copilot and Microsoft 365 Copilot Chat



UConn has two AI services available to employees – Microsoft 365 Copilot and Microsoft 365 Copilot Chat. These two services are employees' safest data privacy options when using an online AI tool. Both are fully secure under UConn's agreement with Microsoft, which means they are safe to use with UConn's data. As long as you are signed in with your UConn credentials, your prompts, the information retrieved, and the responses generated are not used to train the underlying AI models. [Learn more about Microsoft 365 Copilot and Microsoft 365 Copilot Chat.](#)

Alternative AI tools like ChatGPT should not be used in your work at UConn. Any protected or confidential information shared with these AI tools would be used to train the underlying AI models and publicly available. The public disclosure of UConn-protected or confidential information would be in violation of UConn policy.

#### Which UConn Policies Apply to AI Use?

### **Data Classification Policy**

If housed in the cloud, protected and confidential data is required to be stored only on information systems managed or contracted by the University. Sharing information with other online systems (e.g., opensource cloud solutions, free software-as-a-service offerings, etc.) is not permitted.

[VIEW THE DATA CLASSIFICATION POLICY](#)

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### **FERPA Policy**

University officials may not disclose FERPA-protected student information through any means including AI tools. We may only share student information with a contracted vendor when the vendor is performing a service or function on behalf of the University.

[VIEW THE FERPA POLICY](#)

**Have an idea for a future Compliance Chatter topic?**

[SHARE YOUR IDEA WITH US](#)

[REPORT A CONCERN](#)

[CONTACT US](#)

[CONNECT ON LINKEDIN](#)

**UConn**  
UNIVERSITY COMPLIANCE

## Compliance Chatter

### Data Privacy

#### January 27-31 is #DataPrivacyWeek

Annual Data Privacy Week raises awareness about the importance of protecting personal information and promoting best practices for data security.



LEARN  
MORE

#### This week, take time to check your file-sharing permissions.

At UConn, protecting our information and maintaining a secure online environment is a shared responsibility and a top priority. Improperly managing SharePoint and/or file permissions can unintentionally expose confidential and/or protected data.

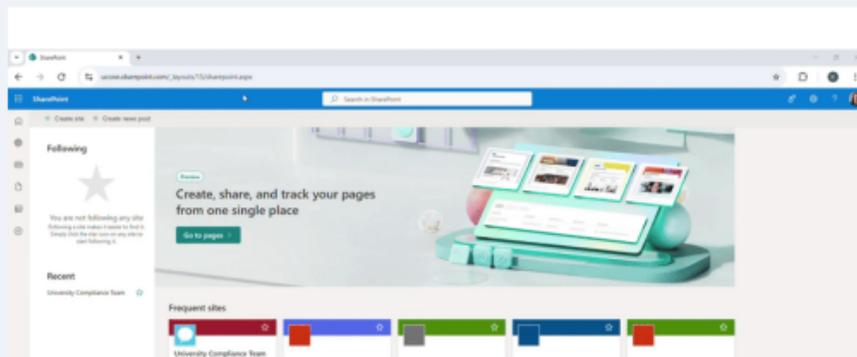
To promote the safe use of SharePoint, we've created step-by-step guides to help you ensure that only the appropriate people have access to your files.

### Why is This Important?

We, as University officials, are responsible for safeguarding confidential and protected data under federal and state regulations, and University policy.

#### 1. HOW TO: Check Permissions on a SharePoint Site

A SharePoint site is an online platform for storing and sharing many files.



WATCH THIS ON  
YOUTUBE

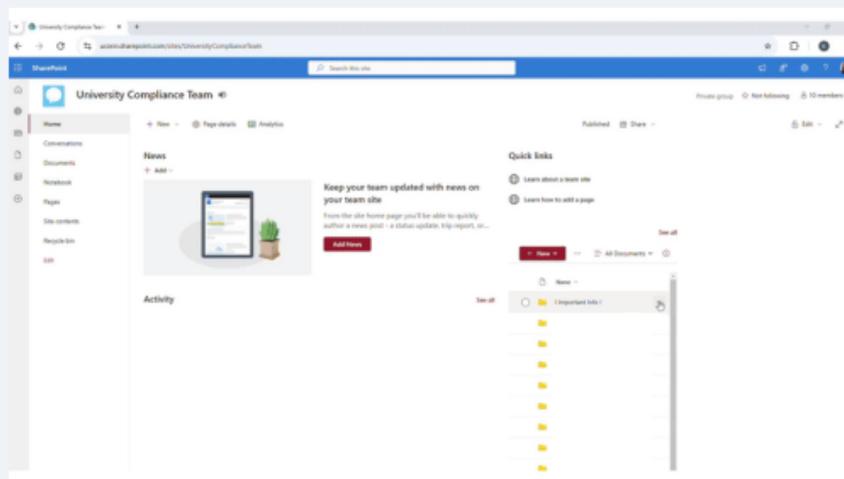
READ A STEP-BY-STEP  
GUIDE

## 2. HOW TO: Check Sharing Permissions on a **SharePoint Folder**

A folder is a container within a SharePoint site or OneDrive used to group related files.

[What is the difference between OneDrive and SharePoint?](#)

[How to check sharing permissions on a OneDrive folder](#)



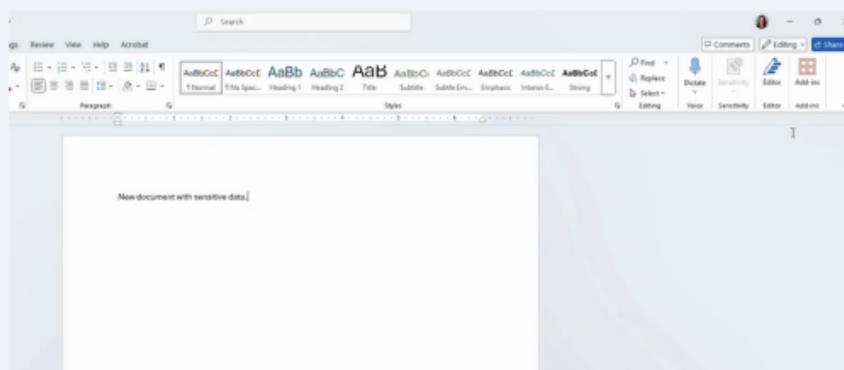
WATCH THIS ON  
YOUTUBE

READ A STEP-BY-STEP  
GUIDE

## 3. HOW TO: Check Sharing Permissions on a **File**

A file is an individual piece of content, like a document, spreadsheet, or photo.

This is just one way to check sharing permissions. [Here is another way.](#)



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YOUTUBE

READ A STEP-BY-STEP  
GUIDE

### Support For Microsoft SharePoint or OneDrive

[MICROSOFT SUPPORT](#)

[UCONN IT  
KNOWLEDGEBASE](#)

Check with Your SharePoint site owner if you have questions about permissions on your team's SharePoint. Remember that SharePoint sites are self-managed by departments/units.

### UConn Privacy Resources and Policies

[UCONN PRIVACY PROGRAM](#)

[PRIVACY POLICIES](#)

### Have an idea for a future Compliance Chatter topic?

SHARE YOUR IDEA WITH  
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**UCONN**  
UNIVERSITY COMPLIANCE

## Compliance Chatter

### The Gift Rules



#### Webinar Recap with Kimberly Fearney

The Office of University Compliance recently held a webinar on the Gift Rules. Did you miss it, or would you like a recap? Check out our Q&A with UConn's Chief Compliance Officer and Ethics Liaison, Kimberly Fearney, as she shares how UConn and UConn Health employees can best navigate the gift-giving season.

**Q: What are the Gift Rules, and why should UConn employees be familiar with them?**

**A:** The "gift rules" are a part of the State Code of Ethics for Public Officials, a law that applies to all of us as state employees. They are unique because each of us is personally responsible for abiding by them, and they're also enforced by not only the University but also the Office of State Ethics.

In addition to the gift rules, which help protect us from conflicts of interest, we also have internal policies such as the [University Guide to the State Code of Ethics](#) and the [Medical Staff: Gifts and Nonmonetary Compensation Policy](#), which is specific to medical staff at UConn Health.

**Q: What kind of items are considered "gifts" under the State Code of Ethics?**

**A:** Essentially, gifts are anything of value that you receive personally, that wasn't paid for by you in return. For example, gifts can be small items, food, beverages, discounts, etc.

**Q: Are there ever exceptions to the Gift Rules?**

**A:** There are several exceptions. Some include small items under \$10; food and beverage under \$50 total in a calendar year if a representative of the vendor is present; and certain major life events such as the adoption or birth of a child, a wedding, funeral, or retirement from state service. What's most important to know is there are circumstances where you *can* accept gifts, but you should [check our resources online](#) or reach out to our office with questions if you're unsure.

**Q: Is there guidance on gift exchanges between colleagues or supervisors?**

**A:** Yes, if the gift is being exchanged between colleagues, the total value limit *within a one-year-period* is \$100. If the gift is being exchanged between a supervisor and a subordinate, then the total value limit *per gift* is \$100.

one-year-period is \$100. If the gift is being exchanged between a supervisor and a subordinate, then the total value limit *per gift* is \$100.

**Q: If a department wishes to host an event with door prizes or a raffle, is it permissible?**

**A:** It depends. I recommend folks reach out to [University Business Services](#) if they're unsure. There are also very specific rules on using UConn or UConn Foundation funds for door prizes, raffles, etc. The [Use of University Funds for Gifts, Social Functions, Sponsorships & Donations Policy](#) is a great resource, and departments can always reach out to our office if they have any questions.

## Gift Rules Resources

Looking for a quick reference guide on the Gift Rules? [Download this poster](#) to keep for yourself, send to colleagues, or hang in a shared office space for everyone to view.

And view the [Gift Rules FAQs](#) online for even more information on the gifts rules.



## Questions About the Gift Rules?

Navigating the Gift Rules can be tricky. Contact the Office of University Compliance with your questions by emailing [universitycompliance@uconn.edu](mailto:universitycompliance@uconn.edu). We would be happy to help you.

Have an idea for a future Compliance Chatter topic?

SHARE YOUR IDEA WITH US

[REPORT A CONCERN](#)

[CONTACT US](#)

[CONNECT ON LINKEDIN](#)

**UConn**  
UNIVERSITY COMPLIANCE

Dear Colleagues,

The Office of Healthcare Compliance & Privacy (OHCP) and UConn Health's Office of General Counsel (OGC) have received questions regarding what to do if agents or officers from Immigration and Customs Enforcement (ICE), Federal Bureau of Investigations (FBI), United States Department of Justice (DOJ), or other such agencies were to arrive on campus.

In response to these questions, we have codeveloped the below (and attached) tip sheet which outlines the steps to take if agents or officers from the listed agencies were to arrive on campus.

## What to do if approached by a government agent or law enforcement official

If Federal, State, governmental or other law enforcement agents or officers arrive at UConn Health, please contact the UConn Health Office of the General Counsel (OGC) at 860-679-1114. After hours, dial extension 2000 and ask to speak to the attorney on call.

- ✓ Be polite and professional
- ✓ Ask for appropriate identification if not easily recognizable
- ✓ Immediately notify the UConn Health Office of Healthcare Compliance & Privacy (OHCP) or the UConn Health Office of the General Counsel (OGC)

### Examples of such agencies include:

- Immigration and Customs Enforcement (ICE)
- Federal Bureau of Investigations (FBI)
- Department of Health and Human Services (HHS)  
- Office of Inspector General (OIG)
- United States Attorney's Office (USAO)
- U.S. Postal Inspectors
- United States Department of Justice (DOJ)
- Other state, local, or federal law enforcement agency



UConn Health OGC will ensure a valid search warrant, subpoena, or civil demand letter before releasing any documents, computers, records, or reports to government agents or law enforcement official unless otherwise required by law.



UConn Health OGC, working with other University/UConn Health offices as appropriate, will coordinate the provision of any records to government agents or law enforcement officials.



Certain limited disclosures are allowed by the HIPAA privacy rule to law enforcement officials without a warrant, subpoena, or civil demand letter. Reference [this decision tree](#) to assist in determining when you can disclose the PHI to law enforcement officials.

**NOTE:** This does not apply to accreditation, licensure, or other external entity reviews conducted under the purview of the UConn Health Office of Accreditation & Regulatory Affairs, including but not limited to those by The Joint Commission and the Connecticut Department of Public Health.

Please email any questions or concerns to: [ohcp@uchc.edu](mailto:ohcp@uchc.edu).

# HEALTHCARE COMPLIANCE & PRIVACY AND IT SECURITY MATTERS



## Contacted by Gov't or Law Enforcement Agency?

The OHCP and UConn Health's OGC have created a tip sheet in response to questions received regarding what to do if government agents or law enforcement from Immigration and Customs Enforcement (ICE), Federal Bureau of Investigations (FBI), United States Department of Justice (DOJ), or other such agencies were to arrive on campus.



[Read More](#)



## Scammer Awareness

Removable media such as thumb drives and flash drives should never be used for corporate information, especially PHI. UConn Health has storage and data transfer systems, that do not require data to be moved off our secure network. Removable media is often lost or stolen and is a primary source of data breaches. If you are unsure of the best way to move or store files, contact the Service Desk at x 4400.

[Office of Healthcare Compliance & Privacy](#)  
263 Farmington Avenue, Farmington, CT 06030

Phone: 860.679.6060 Fax: 860.679.1016

**UConn**  
**HEALTH**

# HEALTHCARE COMPLIANCE & PRIVACY AND IT SECURITY MATTERS



## New AVP for OHCP

Michael Dwyer has joined UConn Health as its new assistant vice president for healthcare compliance and privacy, the institution's chief privacy officer.

[Read More](#)



## Annual Healthcare Compliance & Privacy and IT Security Training

The Annual Healthcare Compliance & Privacy and IT Security training will be assigned to all employees later this month. Watch your email and Lifeline messages for further details.



## Scammer Awareness

Scammers will try to get you through many different paths. They will send text messages, email your work and personal accounts, call your mobile or home phone, and even walk up to you and try to convince you to do something you normally wouldn't do. Remember to pause before you act, no matter where an unfamiliar message comes to you to be sure it makes sense. Ask yourself what happens if you say no or don't reply. Usually, a legitimate question will come in again with more information. You can also use the internet to find a legitimate contact to respond to.

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

Phone: 860.679.6060 Fax: 860.679.1016

**UConn**  
**HEALTH**

# ATTACHMENT 5.1

# ATTACHMENT 5.1

**University of Connecticut**  
**Joint Audit & Compliance Committee Meeting**  
**Public Session**  
**March 27th, 2025**

UConn – Information Technology Services

Financials FY2025 Operating

State Appropriation and Tuition Budget and Forecasted Expenditures:

Budget	<u>\$43.4 M</u>
Forecasted Personal Services and Fringe Benefits	\$30.0M
Forecasted Operating Expenses	<u>\$13.4M</u>
Forecasted Carryforward	<u>\$ 0.0M</u>

In FY2025, an additional operating budget of \$1.4M was approved for Information Technology Services. This was offset by a rescission of \$1.1M, resulting in a net \$0.3M increase in the operating budget. The Collective Bargaining Increase amount of \$1.1M was centrally funded.

Deferred maintenance funding, previously \$1.7M per year, is no longer being provided. This represents a significant capital loss for ITS, which was previously used to manage the ongoing replacement for end-of-life servers and other critical equipment. The wired access layer refresh cabling project and ongoing replacement of wired and wireless equipment was funded at \$5.0M.

**Information Technology Staffing (as of 3/6/25)**

- ITS has three new open positions.
- There have been four new hires since November 19, 2024. There has been one new Special Payroll hire since November 19, 2024
- Since November 19, 2024, there have been three separations.
- Since November 19, 2024, there has been one retirement.

Major Outages (as of 3/6/2025)

<u>Outage Taxonomy</u>	<u># of Issues</u>	<u>Systems Affected</u>
Network Issue - Hardware	1	February 3, 2025 - CEN ISP Outage– Next Gen equipment in NYC caused issues for one of UConn’s DNS servers. The network/DNS issues were the result of problems upstream from UConn with CEN, the ISP for the University. One of the internal DNS servers was overwhelmed attempting to handle requests that could not be resolved due to the lack of upstream connectivity. Once upstream service was restored, we

		were able to bring back the DNS service. Intermittent network issues across campuses from 3 PM – 4:30 PM.
Network Issue - Software	0	
Network Issue – Request Flood	0	
System Issue - Hardware	0	
System Issue - Software	1	February 18, 2025 CAS upgrade caused unexpected integration issues with larger systems that impacted authentication. System remained available during work hours. Reverted when integration issues surfaced. Upgrade was completed February 27, 2025.
Third Party	1	February 7, 2025 - Husky CT (University Learning Management System) down 10:30 AM – 11:30 AM due to vendor (Blackboard) outage. Result of a bug introduced in application's new release.

Total # of Major Outages: 3

# ATTACHMENT 5.2

# ATTACHMENT 5.2

## Joint Audit & Compliance Committee: March 27, 2025

### UConn Health Information Technology Services

#### Public Session Key Takeaways

- Financials FY2025 Q2: \$820,591 over budget.
- Staffing:
  - 6 open positions
  - 0 new positions
- Completed 23 projects between December 2024 – February 2025 or roughly 8 per month which is slightly below our rolling monthly average of 9/month.
  - The three 3 active projects listed in the IT Infrastructure – Security Program that remain are in Green status and on track.
- Two meetings of IT Governance occurred to approve and prioritize major projects.
- IT Applications focus:
  - Delivery on key projects including:
    - New:
    - EPIC Department builds, Blood Bank Relocation, Rheumatology move, DOC Mammography, CT Sickle Cell, South Windsor (Maternal Fetal Medicine, Comp Spine Center, Vascular Surgery, General Surgery), Torrington (Orthopedics, Comp Spine), AVON Internal Medicine
    - JDH Bed – Implementation of additional 23 hospital beds in Epic.
  - Deployment/Upgrades:
    - ServiceNow Employee Portal, Annual Code update, Banner ERP vDec2024 upgrade, Dragon 2023.4.0.2 upgrade, CT Children’s Keriton interface with Epic, MOSAIQ (Rad Onc) treatment planning integration with Epic, Epic version May25, T-Doc OR central sterile system, Botulism Toxin (botox) treatments (Neurology), HUSKY Maternity Bundle Payments Program, MUSE Cardiology Information System upgrade, Annual SAFER Review, MALDI and DIASORIN Analyzers (Lab) integration with Epic

- **Priority project work includes:**
  - **ServiceNow IT Service Management enhancements, ServiceNow Portfolio Mgmt implementation, Epic/Nuance DAX Ambient Listening pilot, IV Pump integration with Epic, Telestroke, Transfer Center.**

**University of Connecticut**  
**Joint Audit & Compliance Committee Meeting**  
**Public Session**  
**March 27, 2025**

UConn Health – Information Technology Services

Financials FY2025 Q2 Operating

State Appropriation and Tuition Budget and Forecasted Expenditures:

Budget	\$13,731,180
Personal Services and Fringe Benefits	\$8,776,902
Purchased Services	\$5,774,869
FY25 Q2 Actual/Projected	<u>\$14,551,771/\$13,731,180</u>
Q1 Variance	\$(820,591) over budget

Information Technology Staffing (as of 3/06/2025)

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

1. Open Positions:
  - a. 6 Open Technology Positions
2. New Positions:
  - a. 0 new positions
3. Hold: none
4. Terminations: none

Outages (12/01/24- 2/27/25)

Outage	# of Issues	Duration	Systems Affected	Remediation
None to report				