



The Real-Life Consequences of State Code of Ethics Violations

As you know, all UConn Health/State of Connecticut Employees are required to comply with the State Code of Ethics. The Code prohibits employees from using their state positions or authority to obtain a financial gain for themselves, certain family members or business associate as well as from authorizing or sanctioning any action that violates any of the Code's provisions. Employees are expected to be familiar with the Code. Faculty members should also be aware of the University's [Consulting Policy and Procedures](#) which address consulting, private practice and other outside employment situations.

Employees are held personally liable and may face penalties of up to \$10,000 per violation as determined by the Office of State Ethics. But, do individuals actually have to pay a fine for Code violations? Here are some examples of recent enforcement actions taken by the Office of State Ethics:

- A state agency employee responsible for reviewing and approving the work of state contractors and consultants paid \$3,000 in civil penalties for using his state position to contact state contractors in order to solicit a job for his son.
- A former state employee who, after leaving state service, began work with a private company paid \$1,500 in penalties for contacting his former state agency on behalf of his private employer within one year of his departure in an attempt to interest his former agency in the company's supplies and services.
- A former state employee agreed to pay a total civil penalty of \$5,000 for utilizing state time and resources such as his state-issued computer and state-provided email account to conduct a private business while on state time.

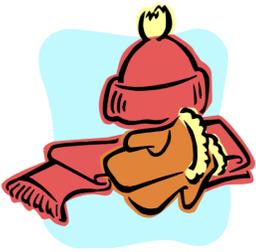
To assist employees with understanding and complying with the Code, the University has developed a [Guide to the State Code of Ethics](#) and the Office of State Ethics publishes a [Public Officials and State Employees Guide to the State Code of Ethics](#).

The Office of Audit, Compliance and Ethics is available to answer questions and to provide guidance with situations in which the State Code of Ethics should be considered. Employees may also contact the Office of State Ethics directly at 860-263-2400 or ethics.code@ct.gov for advice regarding the Code of Ethics.

For questions, contact Ginny Pack, UConn Health Ethics Liaison, at 860-679-1280 or pack@uchc.edu



REPORTLINE 1-888-685-2637



2017 OIG Work Plan

The Department of Health and Human Services Office of Inspector General (OIG) released its 2017 Work Plan. The OIG Work Plan outlines where the government will focus its audit, enforcement and investigative efforts in 2017.

This year’s Work Plan includes some of the following *new* focus areas:

Inpatient psychiatric facility outlier payments

Inpatient Psychiatric Facilities, either freestanding hospitals or specialized hospital-based units, provide active psychiatric treatment to meet the urgent needs of those experiencing an acute mental health crisis, which may involve mental illnesses or alcohol- or drug-related problems. From FY 2014 to FY 2015, the number of claims with outlier payments increased by 28 percent, and total Medicare payments for stays that resulted in outlier payments increased from \$450.2 million to \$534.6 million (19 percent). We will determine whether Inpatient Psychiatric Facilities nationwide complied with Medicare documentation, coverage, and coding requirements for stays that resulted in outlier payments.

Medicare payments for transitional care management

Transitional Care Management (TCM) includes services provided to a patient whose medical and/or psychosocial problems require moderate or high-complexity medical decision-making during transitions in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility, to the patient’s community setting (home, domicile, rest home, or assisted living). Beginning January 1, 2013, Medicare covered TCM services and paid for them under the Medicare Physician Fee Schedule. Medicare-covered services, including chronic care management, end-stage renal disease, and prolonged services without direct patient contact, cannot be billed during the same service period as TCM. We will determine whether payments for TCM services were in accordance with Medicare requirements.

Medicare payments for chronic care management

Chronic Care Management (CCM) is defined as the non-face-to-face services provided to Medicare beneficiaries who have multiple (two or more), significant chronic conditions (Alzheimer’s disease, arthritis, cancer, diabetes, etc.) that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. These significant chronic conditions are expected to last at least 12 months or until the death of the patient. CCM cannot be billed during the same service period as transitional care management, home health care supervision/hospice care, or certain end-stage renal disease services. Beginning January 1, 2015, Medicare paid separately for CCM under the Medicare Physician Fee Schedule and under the American Medical Association Current Procedural Terminology. We will determine whether payments for CCM services were in accordance with Medicare requirements.

For questions or to request further information regarding the Work Plan, please contact either Kim Bailot (x4746) or Peg DeMeo (x1226).

Work Plan Fiscal Year 2017” By OIG, November 2017, <https://oig.hhs.gov/reports-and-publications/archives/workplan/2017/HHS%20OIG%20Work%20Plan%202017.pdf>

