



## Celebrating Corporate Compliance And Ethics Week

“National Corporate Compliance and Ethics Week” is May 4<sup>th</sup>-10<sup>th</sup> which gives Compliance programs across the country an opportunity to promote the importance of compliance and ethics within their institutions. Look for Broadcast messages during that week which will highlight various aspects of UConn Health’s Compliance program.

The Office of Audit, Compliance and Ethics (OACE) would like to thank members of the UConn Health community for their ongoing contributions to not only *do things right* in light of a governing law or standard but to *do the right thing* on behalf of those we serve each and every day—patients, research participants, students, colleagues and the community. The role of every UConn Health community member is vital but this is ultimately a team effort. It’s really quite simple—if we work together to uphold our University’s core values of honesty, integrity, respect, professionalism and the pursuit of knowledge, institutional integrity and success will flourish.

The OACE is here to work side by side with employees, administrators and faculty members to provide education, guidance, and assistance with any questions or concerns related to compliance and ethics in the complex environment which is an academic health center. You may contact us at 860-679-4180 or [compliance.officer@uchc.edu](mailto:compliance.officer@uchc.edu)

So, together, let’s celebrate doing things right **and** doing the right thing every single day.

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## Office Of Inspector General Work Plan 2014

On January 31, 2014, the Office of Inspector General (“OIG”) published its Work Plan for 2014. The Work Plan describes the audit and enforcement priorities for the upcoming year.

Although there is overlap between this year’s and last year’s Work Plan, there are some new areas of focus. On the hospital side, new areas of focus include: new inpatient admission criteria; costs associated with defective medical devices; comparison of provider-based and freestanding clinics; outpatient evaluation and management services billed at the new-patient rate; review of cardiac catheterization and heart biopsies; indirect medical education payments; pharmacy practice of compounding (safety); oversight of hospital privileging and credentialing of mental health providers. On the physician practice side, new areas of focus include: use of kwashiorkor diagnosis on claims and covered uses of drugs under Medicare part B.

In 2014, the OIG will also continue to examine several compliance risk areas that were also an interest in previous years’ work, including the following: medical necessity of sleep studies; physician visits for evaluation and management services; professional services in anesthesia care; reconciliations of outlier payments; impact of provider-based status on Medicare billing; inpatient claims for mechanical ventilation; review of selected inpatient and outpatient billing requirements; duplicate graduate medical education payments; outpatient dental claims; requirements for psychiatric partial hospital programs; and hospital participation in projects with Quality Improvement Organizations.

The OIG Work Plan is useful in providing a preview of many of the OIG’s enforcement priorities planned for FY 2014. To learn more about the OIG Work Plan, please visit this link <http://oig.hhs.gov/reports-and-publications/archives/workplan/2014/Work-Plan-2014.pdf>

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## Ongoing Monitoring of Access to Patient Information in Our Electronic Patient Systems

In order to assure that our patient's protected health information is only accessed when there is a legitimate work related need to know, the Compliance Office is routinely monitoring staff access to our electronic health records (EHR). We are working with department managers to select patients and staff for review. If you are a user of our EHRs you should be aware of these monitors of your access. Patient records should only be accessed for specific work related reasons, not to satisfy curiosity about the clinical details of a case or to learn more about an interesting case. Teaching cases are only selected by individuals in charge of a department or service and access to patient information for teaching purposes should always be in collaboration with the individual in charge of the specific teaching need.

The Compliance Office reminds you that the audit trails in our EHRs report the history of access by a specific user to all patient records accessed. Audit trails are also run to assess all the users that have accessed a specific patient record. Monitors have been established and are ongoing for the types of access noted below as well as for cause / complaint-based access reviews.

- Comparison of users by role/job title to detect unusual access patterns
- Vendor's / business associate's access
- Non-UConn Health employed workforce member's access
- Access to high interest patients or patients in the news
- New Employee's access
- Access to UConn Health-employed patients
- Volunteer's access
- Security monitoring of log on / log off activity

Remember to log off as a user when you complete your work at any workstation. Never share your password. If your name is associated with any questionable access, you will be held responsible for that access and sanctions could follow, up to and including termination.

UConn Health has found improper access in several of our monitors and in some instances these were determined to be breaches requiring notification of patients and reporting to the Office for Civil Rights as required by federal law. UConn Health takes patient privacy seriously and will continue to be proactive in protecting our patients' medical information.

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