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

**February 16, 2017**  
10:00 am – 10:45 am - Executive Session  
10:45 am – 12:00 pm - Public Session

<table>
<thead>
<tr>
<th>Topic</th>
<th>Proposed Action</th>
<th>Tab</th>
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</thead>
<tbody>
<tr>
<td><strong>Executive Session to discuss:</strong></td>
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<tr>
<td>• C.G.S. 1-200(6)[E] – 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. [1-210(b)(1)]</td>
<td>Review</td>
<td>None</td>
</tr>
<tr>
<td>• C.G.S. 1-200(6)[E] – Records, reports and statements privileged by the attorney-client relationship. [1-210(b)(10)]</td>
<td></td>
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<tr>
<td>• C.G.S. 1-200(6)[C] – 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. [1-210(b)(20)]</td>
<td></td>
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<tr>
<td><strong>Opportunity for Public Comments</strong></td>
<td></td>
<td>None</td>
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<tr>
<td><strong>Minutes of the December 14, 2016 JACC Meeting</strong></td>
<td>Approval</td>
<td>1</td>
</tr>
<tr>
<td><strong>Storrs &amp; UConn Health Significant Compliance Activities</strong></td>
<td>Update</td>
<td>2</td>
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<tr>
<td>• Export Controls</td>
<td></td>
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<tr>
<td><strong>Storrs &amp; UConn Health Significant Audit Activities</strong></td>
<td>Update</td>
<td>3</td>
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<tr>
<td>• Status of Audit Assignments</td>
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<tr>
<td>• Audit Follow-up Activity</td>
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<td>• UConn Health Travel Audit Update</td>
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<tr>
<td><strong>External Engagements</strong></td>
<td>Approval</td>
<td>4</td>
</tr>
<tr>
<td>• Appointment of an independent audit firm to perform an audit of UConn Health’s John Dempsey Hospital, University Medical Group and Finance Corporation Financial Statements for FY 2017, 2018 and 2019.</td>
<td>Update</td>
<td></td>
</tr>
<tr>
<td>• Status of External Engagements</td>
<td></td>
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</tr>
<tr>
<td><strong>Informational/Educational Items</strong></td>
<td>Information Only</td>
<td>5</td>
</tr>
<tr>
<td>• Compliance Newsletters – UConn &amp; UConn Health</td>
<td></td>
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<tr>
<td><strong>Conclusion of Full Meeting</strong></td>
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<tr>
<td><strong>Information Session with OACE and External Auditors</strong></td>
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</table>

The next meeting of the JACC will be held on Tuesday, May 16, 2017 at 10:00 am  
Rome Commons Ballroom, Storrs
University of Connecticut
&
UConn Health

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

**ON A MOTION** made by Trustee Nayden and seconded by Trustee Carbray, THE JACC VOTED to go into executive session to discuss:

- C.G.S. 1-200(6)[E] – 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. [1-210(b)(1)]
- C.G.S. 1-200(6)[E] – Records or the information contained therein pertaining to strategy and negotiations with respect to pending claims regarding Recovery Audit Contractor (RAC) Audits. [1-210(b)(4)]
- C.G.S. 1-200(6)[E] – Records, reports and statements privileged by the attorney-client relationship. [1-210(b)(10)]
- C.G.S. 1-200(6)[C] – 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. [1-210(b)(20)]


The Executive Session ended at 11:00 a.m. and the JACC returned to open session at 11:02 a.m.

There were no public comments.

**Tab 1 – Minutes of the Meeting**

**ON A MOTION** made by Trustee Nayden and seconded by Director Archambault the minutes of the September 21, 2016, JACC meeting were approved.
University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting

Meeting Minutes from December 14, 2016

Tab 5 – External Engagements
The Annual Agreed-Upon Procedures performed on the Division of Athletics FY16 Statements of Revenues and Expenses performed by BKD were presented.

Marcum’s C. Jackson and D. Cogle presented the John Dempsey Hospital (JDH), Finance Corporation, and University Medical Group (UMG) audited financial statements for year ending June 30, 2016.

TAB 3 – Storrs & UConn Health Significant Compliance Activities
K. Fearney and I. Mauriello provided an update on compliance activities.

TAB 4 – Significant Audit Activities
C. Chiaputti provided the JACC with an update on the status of audit assignments (Storrs and UConn Health). The JACC accepted six of the seven audits presented, in addition OACE had fourteen audits in progress during this reporting period.

Tab 5 – Charter Review
ON A MOTION made by Trustee Archambault and seconded by Director Holt, both the Executive Risk Management Compliance Committee Charter and the Office of Audit and Compliance and Ethics Charter were approved.

Tab 6 – Auditor of Public Accounts

Tab 7 – 2017 JACC Meeting Dates
The 2017 JACC meeting dates are as follows: February 16, May 16, September 14, and December 19.

Tab 8 - Informational / Educational Items
The committee was provided with the following:

• Compliance Newsletters – UConn and UConn Health,
• Current Issues in Compliance Newsletters – UConn and UConn Health.

There being no further business, ON A MOTION made by Trustee Nayden and seconded by Director Carbray, the meeting was adjourned at 11:35 a.m.

Respectfully submitted,

Angela Marsh
University of Connecticut & UConn Health

Joint Audit & Compliance Committee Meeting
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SIGNIFICANT COMPLIANCE ACTIVITIES

STORRS

Compliance Monitoring -
OACE is currently working with relevant compliance partners on Clery and Drug Free Schools and Campuses Act (DFSCA) compliance monitoring. OACE should be able to provide an overview of monitoring activities during the May JACC meeting.

Compliance Training and Education -
2017 Annual Compliance Training for faculty and staff is planned to begin the month of February. Online training will be provided in the new HR Learning Management System, SABA. Reporting and tracking efforts should improve due to the new system’s capabilities.

OACE has launched a new compliance podcast series, titled “Compliance Chat”. In the first episode, listeners learned about Records and Information Management (RIM) and how to properly dispose of University records. Future episodes will cover privacy, ethics and other related compliance topics.

Policy -
To help streamline the University policy vetting process, OACE is now participating in the monthly Union Leadership meeting, chaired by the Office of Faculty and Staff Labor Relations. New or significantly revised University policies will be shared and discussed between union leaders and senior administrators.
SIGNIFICANT COMPLIANCE ACTIVITIES

**UConn Health**

**Overpayment refunds** – There are no new overpayment refunds to report since the December 2016 JACC meeting.

**2016 Annual Compliance and HIPAA training** – Annual training was launched on October 21, 2016 with a due date for completion of January 20, 2017. Statistics for compliance with training requirements were being tabulated at the time this report was written. Final statistics will be shared verbally at the February 16, 2017 meeting.

**Department of Health & Human Services, Office of Inspector General Work Plan** – Work Plan items of key importance to UConn Health have been sent to stakeholders with responsibility for oversight of the identified risk areas. Responses from stakeholders will include a risk evaluation of the specific Work Plan item as well as an assessment of the internal controls in place to assure compliance. The Compliance Office staff will monitor for compliance with several identified high risk areas in the Plan during 2017.

**HITECH Breach reports for year 2016**: The Office for Civil Rights (OCR) requires entities covered under the HIPAA Privacy and Security Rules to report each calendar year any breaches of less than 500 patients where patient information has been compromised. For year-end 2016 UConn Health has reported 1 privacy breach involving 31 patients. There were no reportable breaches involving over 500 patients in calendar year 2016.

**Voluntary Resolution Agreement between the Department of Justice and the Department of Health and Human Services, Office for Civil Rights and John Dempsey Hospital**: Agreement was signed on 12/22/16 regarding services for Deaf and Hard of Hearing Patients. Compliance Office staff, in partnership with the Office of Institutional Equity is assisting JDH operations management to implement and track various requirements of the Agreement.
University of Connecticut
&
UConn Health

Joint Audit & Compliance Committee Meeting
# Status of Assignments

<table>
<thead>
<tr>
<th>Audit Project</th>
<th>UConn (UC) or UConn Health (UH)</th>
<th>Planning</th>
<th>Fieldwork</th>
<th>Pre-draft/ Draft Reporting</th>
<th>Final Draft Report Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCAA Division I Football Certification – Academic Year 2016-2017</td>
<td>UC</td>
<td></td>
<td></td>
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<td>X</td>
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<tr>
<td>Correctional Managed Health Care – Pharmacy</td>
<td>UH</td>
<td></td>
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<td></td>
<td>X</td>
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<tr>
<td>Respiratory Therapy</td>
<td>UH</td>
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<td>X</td>
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<tr>
<td>Waterbury IT Controls</td>
<td>UC</td>
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<td>X</td>
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<tr>
<td>Clinical Contracts</td>
<td>UH</td>
<td></td>
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<td></td>
<td>X</td>
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<tr>
<td>Cancer Center</td>
<td>UH</td>
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<td></td>
<td>X</td>
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<tr>
<td>Purchasing – Contract Administration</td>
<td>UC</td>
<td></td>
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<td>X</td>
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<tr>
<td>Family Medical Leave Act (FMLA)</td>
<td>UC</td>
<td></td>
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<td>X</td>
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<tr>
<td>Family Medical Leave Act (FMLA)</td>
<td>UH</td>
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<td>X</td>
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<tr>
<td>School of Law Financial Aid</td>
<td>UC</td>
<td></td>
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<td>X</td>
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<tr>
<td>Pharmacy IT</td>
<td>UH</td>
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<tr>
<td>Faculty Consulting – FY16</td>
<td>UC/ UH</td>
<td></td>
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<td>X</td>
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<tr>
<td>Controlled Substances in Research</td>
<td>UC</td>
<td></td>
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<td>X</td>
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<tr>
<td>Software Licensing</td>
<td>UC</td>
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<td>X</td>
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<td>International Travel</td>
<td>UC</td>
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<td>X</td>
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<tr>
<td>Building Access Controls</td>
<td>UC</td>
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<td>X</td>
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<tr>
<td>Mandatory Training Compliance</td>
<td>UH</td>
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<td>X</td>
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<tr>
<td>Space Management Process – on hold</td>
<td>UC</td>
<td></td>
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<td>X</td>
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</tbody>
</table>

**TOTAL AUDITS (18)**: (05) (08) (02) (03)

## Special Projects/Consulting

<table>
<thead>
<tr>
<th>Special Projects/Consulting</th>
<th>UConn (UC) or UConn Health (UH)</th>
<th>Planning</th>
<th>Field Work</th>
<th>Review Pre-draft</th>
<th>Project Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>School of Business</td>
<td>UC</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>Center on Aging</td>
<td>UH</td>
<td></td>
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<td></td>
<td>X</td>
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<tr>
<td>Fixed Asset Move &amp; Relocation</td>
<td>UC</td>
<td></td>
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<td>X</td>
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<tr>
<td>Pharmacy</td>
<td>UH</td>
<td></td>
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<td>X</td>
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<tr>
<td>Graduate School</td>
<td>UC</td>
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<td>X</td>
</tr>
</tbody>
</table>

**TOTAL SPECIAL PROJECTS/CONSULTING (05)**: (00) (03) (01) (01)
Corrective Actions Implemented by Department

# of Corrective Actions Implemented

Functional Area

- Accounts Payable
- Ambulatory Care
- Athletics
- Avery Point IT
- Bursar’s Office
- Clinical
- CLAS IT
- CMHC
- Controller
- Dean of Students Office
- Clinical Effectiveness and Patient Safety
- Development
- Environmental Health and Safety
- Finance
- Fine Arts
- Human Resources
- Information Technology Services
- Materials Management
- Nursing
- OVPR
- Provost
- Research Compliance Services
- Research Finance
- School of Business
- School of Engineering
- School of Fine Arts
- School of Health and Medicine
- School of Law
- School of Social Work
- Sponsored Program Services
- Student Affairs
- Student Services Center
- Transportation
- UConn Health
- UCHC
- Storrs and Regional Campuses

Legend:
- Storrs and Regional Campuses
- UCHC
- UCConn Health
Implemented

Open OverDue Items by Risk Level

[Graph showing the distribution of implemented tasks and overdue items by risk level:]

- High: 35
- Low: 156
- Medium: 79
Audit Finding Rating Definitions

**Low**

Meaningful reportable issue for client consideration that in the Auditor’s judgment should be communicated in writing. The finding results in minimal exposure to the University or UConn Health and has little or no impact on the University’s or UConn Health’s compliance with laws and regulations. The issues related to this control weakness will typically not lead to a material error.

**Medium**

Significant exposure to the area under review within the scope of the audit. The finding results in the potential violation of laws and regulations and should be addressed as a priority to ensure compliance with University’s or UConn Health’s policies and procedures. The significance of the potential errors related to this control weakness makes it important to correct.

**High**

Significant exposure to the University or UConn Health that could include systemic University or UConn Health wide exposure. The finding could result in a significant violation of laws and regulations and should be viewed as a highest priority which the University or UConn Health must address immediately.
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University of Connecticut
&
UConn Health

Joint Audit & Compliance
Committee Meeting
## Status of External Audit Projects

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Area</th>
<th>Scope</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not yet determined</td>
<td>UConn Health</td>
<td>Audits of the John Dempsey Hospital and Dental Clinics (Clinical Programs Fund), including the OHCA filings, UConn Medical Group (UMG) and the University of Connecticut Health Center Finance Corporation for FY 2017.</td>
<td>Three qualified firms responded to the Request for Proposals (RFP) for audit services. A selection committee is evaluating the responses.</td>
</tr>
<tr>
<td>CohnReznick, LLP</td>
<td>UConn &amp; UConn Health</td>
<td>Annual audit of UCONN 2000 named projects substantially completed and deferred maintenance projects with designated budgets substantially completed in FY2016, 2017, and 2018, and annual agreed upon procedures performed on total UCONN 2000 expenditures (named projects, deferred maintenance and equipment) for FY2016, 2017, and 2018.</td>
<td>The JACC approved the appointment of CohnReznick for FY2016, 2017, and 2018 at their September meeting. The FY 2017 engagement is underway. It is anticipated the draft report will be presented at the May JACC meeting.</td>
</tr>
<tr>
<td>BKD</td>
<td>UConn Athletics</td>
<td>NCAA agreed upon procedures performed on all revenues, expenses, and capital expenditures for or on behalf of the University’s Athletics Program for FY2016, 2017, and 2018.</td>
<td>JACC approved the appointment of BKD at their September meeting. FY2016 reports were presented at the December JACC meeting. The request for approval for the FY 2017 engagement fee will be brought to the JACC at the September 2017 meeting.</td>
</tr>
</tbody>
</table>
TO: Members of the Joint Audit & Compliance Committee

FROM: David Galloway
Chief Audit & Compliance Officer

DATE: February 16, 2017

SUBJECT: Appointment of Independent Auditors – Marcum LLP

RECOMMENDATION

It is recommended that the Joint Audit and Compliance Committee approve the appointment of the accounting firm of Marcum LLP as independent auditors for the University of Connecticut Health Center (UConn Health) for a three year term with an option for UConn Health to renew each year for two additional years. The engagement requires the audit of the John Dempsey Hospital, (JDH), UConn Medical Group (UMG), and Finance Corporation. In addition, Marcum will perform the annual Office of Healthcare Access (OHCA) agreed upon procedures for JDH. The proposed fee for the above services is $160,070 in each of the first three years. These fees are inclusive of out of pocket expense estimates. The engagement will commence immediately upon the execution of the contract.

BACKGROUND

A competitive bid process was conducted through the UConn Health Purchasing Department to select the independent accounting firm to perform audit and agreed upon procedures for the 2017 through 2019 fiscal years. Three firms submitted proposals: BKD; Marcum LLP; and Grant Thornton LLP. Grant Thornton subsequently removed itself from bidding before the presentation phase.

A committee of five employees representing UConn Health, independently evaluated the two proposals based on a set of predetermined qualifications. Evaluation criteria included: organizational capability and structure; staffing plan; cost and proposer’s references. Proposed statement of fees from all vendors ranged from approximately $138,300 to $238,500.

In depth presentations were provided on February 10 and 15, 2017. The Committee scores were collected and tabulated based on materials submitted and in person presentations. The committee voted to select Marcum LLP pending approval of the Joint Audit and Compliance Committee. The firm’s profile is enclosed for your review.

OACE seeks JACC approval to move forward with this engagement.
FIRM PROFILE

Marcum is one of the largest independent public accounting and advisory services firms in the nation, with offices in major business markets throughout the U.S., Grand Cayman, and China. Headquartered in New York City, Marcum provides a full spectrum of traditional tax, accounting and assurance services; advisory, valuation and litigation support; and an extensive range of specialty and niche industry practices. The Firm serves governmental entities, privately held and publicly traded companies, and not-for-profit organizations. Marcum is a member of the Marcum Group, and organization providing a comprehensive array of professional services.

Marcum’s Connecticut Healthcare Industry Group has 8 partners, principals and directors and more than 20 members with a wide array of knowledge and expertise. Marcum has engagements with many Connecticut Hospitals and is intimately aware of the environment and requirements of doing business in Connecticut, including having experience with OHCA.
January 27, 2017

Cheryl Chiaputti, CPA
Director of Audit Services
The University of Connecticut
Office of Audit, Compliance and Ethics
9 Walters Avenue, Unit 5084
Storrs, CT 06269-5084

Dear Ms. Chiaputti:

CohnReznick LLP ("CohnReznick") has agreed to provide the University of Connecticut (the "University") with construction audit services under Contract No. UC-KA041416-8 (the "Agreement") in connection with the UCONN 2000 construction program projects.

In connection with the construction audit services, CohnReznick may review or analyze construction invoices, expenditures, cost allocations, and other documentation relating to various construction contractors providing construction services to the University. It is possible that CohnReznick may have in the past provided and may currently provide audit, tax and/or advisory services to certain construction contractors providing construction services to the University. As a result, CohnReznick may be in a position of potential or perceived conflict, and our construction audit services that we provide to the University may have the potential to be adversely affected by such potential or perceived conflicts of interest.

To safeguard against such potential or perceived conflicts, CohnReznick intends to implement the following procedures:

1. **Organizational:** The responsible partner overseeing the audit services for the University will not perform services for or otherwise maintain a client relationship with any of the construction contractors, which are subject to our services under the Agreement. The CohnReznick engagement staff that performs the audit services for the University will not perform or review any testing on any construction contractor for which they currently provide services as a CohnReznick client.

2. **Informational:** Information received and/or generated by CohnReznick in relation to the Agreement, including any audit documentation, will be maintained in password-protected folders with access restricted to only those individuals performing services or supporting the performance of services for the University.

3. **Additional Review:** Reports to be delivered by CohnReznick to the University under the Agreement will be subject to an additional risk review by an individual designated by CohnReznick's Risk Department.
This letter discloses to the University the nature and extent of the potential or perceived conflicts of interest and documents the procedures to be applied by CohnReznick to eliminate or reduce any threats posed by such conflicts to an acceptable level. In the event that CohnReznick identifies circumstances during the course of our services that require additional or modified procedures than those set forth above or otherwise create an actual conflict of interest that cannot be adequately safeguarded, we will notify the University in writing and work with the University to address such circumstances in accordance with applicable professional standards.

We are requesting that you acknowledge this disclosure and consent to our proceeding as set forth herein. We will not provide the services unless you acknowledge this disclosure, the conditions applicable to our proceeding and consent to our so proceeding. If you do consent, please sign and return to us a copy of this letter. By signing and returning to us a copy of this letter, you are acknowledging that you have had an opportunity to discuss with us the nature of the potential or perceived conflicts and the fact that we are requiring this consent from you as a condition to going forward with the construction audit services.

We remain available at your convenience to discuss this letter in further detail. Should you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

Paul R. Ballasy, CPA
Partner

Acknowledged, Accepted and Agreed:

University of Connecticut

By: Cheryl Chiapatti

Name: Cheryl Chiapatti, CPA

Title: Director of Audit Services

Date: 1/30/2017
University of Connecticut & UConn Health

Joint Audit & Compliance Committee Meeting
University FOIA Process

Background
As a state agency, the University is subject to the Connecticut Freedom of Information Act (FOIA). This means that any record created or maintained by the University is presumed to be available to the public, except under very limited circumstances.

What’s new?
Paul McCarthy in University Communications will now serve as the contact for request for records received by the University. All FOIA requests should be directed to Paul as soon as a University office or employee receives he request in order to ensure that requests are processed in a timely manner in accordance with the State’s FOIA rules. Paul may be reached at:
(860) 486-4430 or Paul.McCarthy@uconn.edu.

Compliance Chats

Compliance Chats is a new podcast series created by the Office of Audit, Compliance and Ethics. Each podcast will provide an overview of a University compliance topic with information and resources that may be helpful throughout your time here at UConn. The first “Compliance Chats” episode was on Records and Information Management (“RIM”). Check it out at: http://audit.uconn.edu/compliance-chats-a-podcast-series/.

Future episodes include topics such as the Minor Protection Program and Privacy.
UConn Lactation Policy

The University recently adopted a Lactation Policy effective 12/20/2016. This new policy reinforces the University’s commitment to providing a supportive environment for employees and students who are breastfeeding. The policy enables employees and students to express milk in a private place, have reasonable break time and a location within five minutes of their work and study areas.

Please review the full policy at [http://policy.uconn.edu/?p=7009](http://policy.uconn.edu/?p=7009). Procedures, which include specific guidance for students, employees, graduate assistants and supervisors, are available at the end of the policy.

Additional Resources and Contacts for this Policy:

<table>
<thead>
<tr>
<th>Human Resources</th>
<th>Student Health Services</th>
<th>List of Lactation Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>(860) 486-3034</td>
<td>(860) 486-0765</td>
<td><a href="http://hr.uconn.edu/worklife/">http://hr.uconn.edu/worklife/</a></td>
</tr>
</tbody>
</table>

**Annual Compliance Training is Here!**

IN PERSON TRAINING: In-person sessions of the 2017 Annual Compliance Training will be held in the Student Union Theatre. Employees should register for in-person sessions as early as possible as seating is limited and is provided on a first come, first served basis.

Registration for the sessions may be accessed using this link: [https://uconn-storris.sabacloud.com/Saba/Web_spf/NA1PRD0098/common/ledetail/cours00000000004985](https://uconn-storris.sabacloud.com/Saba/Web_spf/NA1PRD0098/common/ledetail/cours00000000004985)

Employees will not be admitted (and will not receive credit) if they are later than 10 minutes. Please bring your University ID so that we may record your attendance.

Annual Compliance In Person Training sessions will take place on the following dates:

- Wednesday, February 15, 2017 at 10:00-11:30 AM
- Monday, March 13, 2017 at 2:00-3:30 PM
- Tuesday, April 18, 2017 at 1:00-2:30 PM
- Thursday, May 4, 2017 at 10:00-11:30 AM

This year’s topics include:

- The University Code of Conduct and the Importance of Individual Behaviors
- The University Guide to the State Code of Ethics
- Equipment Inventory and Other UConn Property
- Effort Reporting and Key Reminders and Updates on Policies

**Cancellations:** Please remember to check your email during inclement weather for possible cancellations. Those sessions cancelled due to weather will be rescheduled at a later date.

**Completion Deadline:** The deadline for this year’s training is May 17, 2017.

Online Compliance Training should be available at the end of February.

For questions regarding the training, please contact OACE via e-mail: compliance.training@uconn.edu.

To request an accommodation under the Americans with Disabilities Act (ADA), to attend any program course or session listed, University employees are encouraged to contact Ryan Bangham, ADA Accommodations Case Manager, Human Resources at hr@uconn.edu.
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
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).