UW Health Compliance Committee

July 20, 2023, 5:00 - 6:30 PM

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UW Health Compliance Committee - July 20, 2023 - Public Meeting Notice

Agenda

5:00 PM

I. Call to Order and Chair Announcement
Regent Mike Jones

Welcome and Introduction - New Committee Member, Mr. Dan Ross

5:02 PM

II. Meeting Minutes - Open Session
Regent Mike Jones

Approval

5:03 PM

III. UW Health Compliance Matters
Mr. Troy Lepien
Motion to recommend approval to the UWHCA, UWMF, and SAHS/SAH Boards of Directors of the UW Health Code of Conduct, UW Health Compliance Plan, and UW Health FY24 Compliance Work Plan

Presentation - UW Health Compliance Matters
Attachment - UW Health Code of Conduct (REDLINE)
Attachment - UW Health Compliance Plan (REDLINE)
Attachment - UW Health FY24 Compliance Work Plan

Endorsement

5:28 PM

IV. Closed Session
(Materials Available To Members Only)

Motion to enter into closed session pursuant to Wisconsin Statutes section 19.85(1)(e), for the discussion of confidential strategic matters that for competitive reasons require a closed session: review and approval of closed session minutes; pursuant to Wisconsin Statutes sections 146.38 and 19.85(1)(e), for the review and evaluation of health care services and discussion of the following confidential, strategic matters: discussion of the FY23 annual corporate compliance report, overviews of compliance matters including reimbursement compliance, privacy compliance, and pharmacy compliance, and compliance discussion with the UW Health Chief Compliance Officer; pursuant to Wisconsin Statutes sections 19.36(10), 19.85(1)(c), and 19.85(1)(e) for review of the UW Health Chief Compliance Officer performance evaluation; and pursuant to Wisconsin Statutes section 19.85(1)(g) to confer with legal counsel regarding these and other matters.

5:25 PM *

V. Return to Open Session
* Estimated time to return to Open Session

6:26 PM

VI. ACTION: UW Health FY23 Annual Report

Endorsement

6:30 PM

VII. Adjourn
Compliance Committee - Charter

• Membership
  • 5 to 9
  • Relevant Experience
    • Risk
    • Legal
    • Revenue Cycle
    • Physician Patient Care – Inpatient & Outpatient
    • Privacy
    • Policies
    • Human Resources
Compliance Committee Charter Continued

• Duties
  • Oversight of Policies, Procedures, & Code
  • Review Quarterly Compliance Officer Report to CEO & CAO
  • Prepare Bi-Annual report to UWHCA, UWMF, and UWH NI BODs with Evaluation of Compliance Officer
  • Review concerns raised by Internal Reviews, Regulators, or Governmental Agencies
  • Oversee Education, Auditing and Monitoring initiatives
  • Promote Ethical Behavior
  • Review Material Compliance Issues
  • Obtain outside advisor as needed
Compliance Committee

• Code of Conduct
  • Reading Level
  • Diversity, Equity, and Inclusion

• Compliance Plan
  • Provides Governance & Structure
  • Changes
    • New Charter Duties
    • Chief Administrative Officer
    • UWH NI
Compliance Committee

• Work Plan
  • Follows the OIG HCCA Measuring Compliance Program Effectiveness
    • Standards, Policies, and Procedures
    • Compliance Program Administration
    • Screening and Evaluation of Employees, Physicians, Vendors, and other Agents
    • Communication, Education, and Training on Compliance Issues
    • Monitoring, Auditing, and Internal Reporting Systems
    • Discipline for Non-Compliance
    • Investigation and Remedial Measures
Compliance Committee

- Standards, Policies, and Procedures
  - Corporate Compliance
    - Continue to Refine Integration of UW Health NI Policies, Website, and Forms
    - Complete Record Retention Policy Review for Email Retention
    - Continue Physician Administration Position Review
  - Pharmacy Compliance
    - Develop a Significant Loss Policy
    - Update Record Retention Policy to Have a Controlled Substance Records
  - Privacy Compliance
    - Review & Update Corrective Action for Non-Compliance with Confidentiality of PHI
    - Review & Update Breach Notification Policy
  - Reimbursement Compliance
    - Review & Update False Claim Policy
  - Research Compliance
    - Jointly Draft Standard Operating Procedures for Research Billing
Compliance Committee

• Compliance Program Administration
  • Corporate Compliance
    • Compliance Committee composition and attendance
    • Compliance Office’s performance evaluation
    • Compliance Program Assessment
    • Work Plan & Annual Report
    • Compliance Officer to Meet Privately with Compliance Committee
    • Cultural Assessment
    • Evaluate current staffing and structure
Compliance Committee

• Screening & Evaluation
  • Corporate Compliance:
    • Exclusion Checks Board of Directors, Employees, Providers, and Volunteers
    • Provider Conflict of Interest Process Implementation
  • Privacy Compliance:
    • Survey & Audit High-Risk Business Associates
    • Establishment of Third-Party Management System
Compliance Committee

• Communication, Education, & Training
  • Corporate Compliance:
    • Complete Annual Compliance Training
    • Expand Pretest Option
    • Implement Provider Education for New Conflict of Interest Process
  • Pharmacy Compliance:
    • Complete Onboarding & Education of Pharm Tech, Residents, and Staff
  • Privacy Compliance:
    • Continue Cybersecurity Hygiene Education Program
    • Madison Metropolitan School District
• Reimbursement Compliance:
  • Develop Computer Based Training
  • New Split/Share Billing Guidelines
Compliance Committee

• Monitoring, Auditing, and Internal Reporting
  • Corporate Compliance
    • Hotline Monitoring
    • Conflict of Interest Reporting
    • Gifts and Patient Support Funds
• Pharmacy Compliance
  • Standard Investigation Process for Physician & Advance Practitioner Diversions
  • Diversion Software Module Expanding Detection Analytics
  • Waste Testing for East Madison Hospital
  • Standardization with UW Health NI
Compliance Committee

• Monitoring, Auditing, and Internal Reporting (Continued)
  • Privacy Compliance:
    • Standard Monitoring and Investigations
    • HIPAA Security Risk Assessment
    • Develop Audit Methods for Data Reporting Systems
    • Payer Access Systems (e.g., Moxe, Payer Platform, etc.)
    • New Paging System
    • 42 CFR Part 2 Confidentiality of Substance Abuse
    • Operational Resiliency
  • Reimbursement Compliance
    • Systematic Audits – Department Coordination and Summary
    • Focused Audits
    • External Audit
    • Radiation Oncology
    • Home-Based Care
  • For Cause Audit
Compliance Committee

• Discipline for Non-Compliance
  • Continue Quarterly Discipline Reviews with Human Resources
  • Investigate methods of recognition and appreciation for good compliance behavior

• Investigation and Remedial Measures
  • Corporate Compliance:
    • Establish Interaction With Industry/Provider COI Committee
    • Inventory of Items/Services Given to Patients & Develop Standard Guidelines and Escalation Process
  • Privacy Compliance:
    • Cybersecurity Threat & Escalation Process
Compliance Committee

Questions?
**What is a Code of Conduct?**
A code of conduct is a set of behavior standards, or rules, that are created by a company for its employees to follow. These standards, or rules, will align with the company’s beliefs and values, as well as any laws and regulations that the company must follow in order to run its business.

The UW Health Code of Conduct lays out behaviors that align with our vision of providing remarkable health care. The Code of Conduct also includes standards based on existing laws and regulatory requirements as a non-profit health care organization.

**Why is the Code of Conduct important?**
The UW Health Code of Conduct is important because it tells UW Health employees and contractors who work with UW Health what kind of behavior is expected of them. It also explains what will happen if you do not meet those expectations. UW Health expects all employees and contractors who work with UW Health to follow the standards laid out by the Code of Conduct.

**What topics are included in the Code of Conduct?**
The Code of Conduct covers every aspect of your job. It covers topics such as:
- Principles and standards
- Reporting and cooperating with investigations
- Principles of conduct
- Patient rights and responsibilities
- Business ethics and legal/regulatory compliance
- Confidentiality
- Conflicts of interest
- Professional conduct
- Resource management
- **The workplace-Workplace Inclusion**

**What do I need to do?**
We are asking you to review the UW Health Code of Conduct. Make sure you understand what we expect of you as an employee or contractor of UW Health.

After you review the Code of Conduct, we will ask you to sign an “acknowledgement form.” Signing this form means that you have read the Code of Conduct and understand the expectations we have for you.

**What do I do if I have questions about the Code of Conduct?**
If you have questions about the Code of Conduct, contact Business Integrity (608) 203-2201.
# Table of Contents

A MESSAGE Message from the Chief Executive Officer

I. Purpose - Principles and Standards

II. Our Duty to Report and Cooperate with Investigations

III. SEVEN PRINCIPLES OF CONDUCT

IV. Principle of Patient's Rights and Responsibilities

V. PRINCIPLE OF BUSINESS ETHICS & LEGAL/REGULATORY COMPLIANCE

VI. PRINCIPLE OF CONFIDENTIALITY

VII. PRINCIPLE OF CONFLICT OF INTERESTS

VIII. PRINCIPLE OF PROFESSIONAL CONDUCT

IX. PRINCIPLE OF RESOURCE MANAGEMENT

X. PRINCIPLE OF THE WORKPLACE

2023
C. Workplace Harassment.......................................................................................... 8
D. Workplace Violence .............................................................................................. 8
E. Screening of Excluded Individuals......................................................................... 8

CODE OF CONDUCT ACKNOWLEDGEMENT FORM ................................................................................................................. 9

Code of Conduct Acknowledgement Form................................................................................................................................. 9
A MESSAGE FROM the CHIEF EXECUTIVE OFFICER

Friends and Colleagues:

UW Health has a long history as a leader in providing quality healthcare and service to its patients. As part of our vision to deliver remarkable care to our patients, UW Health is committed to maintaining a workplace that assures our medical staff, employees, and agents can perform their daily tasks with high ethical standards, honesty, integrity, and in compliance with applicable laws and regulations. We can continue this tradition and our commitment to remarkable care only through the efforts of our highly-skilled caregivers and dedicated support staff.

While the patient remains the focal point for all UW Health services, healthcare has evolved into a complex and highly regulated industry. In order to help our employees maneuver their way through this sometimes confusing environment, UW Health has adopted a formal Compliance Program (Program) to ensure compliance with all applicable state and federal laws and regulations. The day-to-day operations of the Program are administered by the Chief Compliance Officer and the Business Integrity Department staff. An important component of the Program is the Code of Conduct (Code), which sets a cultural compass of how to conduct ourselves every day as we go about our work. The Code provides the basic principles which all UW Health and its subsidiaries, directors, officers, medical staff, employees and agents must follow.

The Code of Conduct is a vital part of how we achieve our mission and vision. It provides guidance to ensure that our work is accomplished in an ethical and legal manner. It emphasizes our common culture of integrity and our responsibility to operate with the highest principles of ethical business standards as we care for our patients. All employees are responsible for ensuring that their behavior and activity is consistent with the Code of Conduct.

As we continue to be innovative and responsive to the needs of our patients, each of us must be fully knowledgeable of and adhere to the Code of Conduct. If we are successful in this endeavor, we will preserve and promote organization-wide integrity and achieve our vision of providing remarkable care to our patients.

Sincerely,

Alan Kaplan, MD
CEO UW Health
I. PURPOSE - PRINCIPLES AND STANDARDS

UW Health has a tradition of ethical standards in the provision of health care services as well as in the management of its business affairs. The Code of Conduct supplements the mission, vision, and values of UW Health and applies to all who provide services under the auspices of UW Health and its affiliates.

Our Code of Conduct, which has been adopted by the highest level of leadership, provides guidance to all working for and with us in carrying out daily activities within appropriate ethical and legal standards.

The Code of Conduct provides ideals (or Principles) and policies (or Standards) to which UW Health medical staff, employees, agents, joint ventures, wholly owned subsidiaries, and affiliates are expected to adhere. The purpose of the Code of Conduct is to articulate the ethical framework within which the organization operates and communicate expectations of the Principles and Standards.

UW Health expects each medical staff, employee, and agent to abide by the Principles and Standards set forth herein and to conduct the business and affairs of UW Health in a manner consistent with the Code of Conduct. Failure to abide by the Principles and Standards or the guidelines for behavior which the Code of Conduct represents shall lead to appropriate employment action.

UW Health’s Code of Conduct has been adopted to maintain corporate compliance and enhance its ability to achieve its vision of providing remarkable healthcare.

II. OUR DUTY TO REPORT AND COOPERATE WITH INVESTIGATIONS

The Code of Conduct is to be used as a guide if you are confronted with situations that raise questions about ethical conduct. If you believe a law, policy, or our Code of Conduct is not being followed, you must report it to your supervisor and/or the Business Integrity Department. If you do not feel comfortable talking to your supervisor about the issue, voice your concern to the next supervisory level up or again report it to the Business Integrity Department.

The Business Integrity Department can be contacted at:
- UW Health Administrative Office Building
  7974 UW Health Court, Middleton, Wisconsin, 53562.
- The UW Health Reporting Line (888) 225-8282 (toll-free) (608) 821-4130

UW Health is committed to providing an environment that allows reporting in good faith without fear of retaliation. Anyone making such a report is assured that it will be treated as confidential and will be shared with others only on a need-to-know basis. The findings of a compliance investigation are confidential to protect all involved in the investigation process. No adverse action will be taken against someone for making a report in good faith. UW Health has a policy that protects against retaliation or retribution for reporting a compliance concern in good faith or cooperating with a compliance investigation with good intentions. Although we have this policy it is important to understand that no policy can protect you from applicable consequences if you have broken the law or violated our policies. In addition, if someone purposely falsifies or misrepresents a report or makes false statements during an investigation, that person will not be protected under the non-retaliation policy. False accusation or statements made in a report or during an investigation may result in appropriate employment action.
III. **SEVEN Principles of Conduct**

The UW Health Code of Conduct can be categorized into Seven Principles of Conduct:
- Patient Rights & Responsibilities
- Business Ethics & Legal/Regulatory Compliance
- Confidentiality
- Conflicts of Interest
- Professional Conduct
- Resource Management
- Workplace Responsibility

Each of these principles is explained in greater detail below.

IV. **Principle of Patient’s Rights and Responsibilities**

UW Health is committed to treating patients and their families with dignity and respect. We drafted the UW Health Patient Rights and Responsibilities to establish our expectation for our medical staff, employees, agents and patients. This guideline includes the patient’s right to:
- Treatment without discrimination
- Respect, confidentiality and personal dignity
- Information you can understand
- Participation in decisions about your care
- Care that supports you and your family
- Access to your billing and medical records
- A method to file a complaint

UW Health medical staff, employees, and agents are held to these standards and should refer to this document for additional detail and guidance if needed.

V. **Principle of Business Ethics and Legal Compliance**

UW Health is committed to the highest standards of business ethics and integrity, and requires honesty when representing UW Health. UW Health is committed to ensuring that its activities are completed in a manner that complies with applicable federal and state laws regulations, guidelines and policies.

A. **Accounting/Financial Reporting:**

UW Health maintains a high standard of accuracy and completeness in the documentation and reporting of all financial records and insures that these records are completed within generally accepted accounting principles and established corporate policy. This serves as the basis for managing the business and is important to meeting the obligations to patient, suppliers, and others that we do business. It is against UW Health policy, and possibly illegal, for any person to knowingly cause UW Health’s financial records to inaccurately describe the true nature of a business transaction. We cooperate fully with internal and external auditors and any regulatory agencies that examine our financial records.

B. **Anti-Kickback/Bribes:**

UW Health prohibits its medical staff, employees, and agents from offering, paying, asking for, or accepting any money or other benefits in exchange for patient referrals, purchases, leases, or orders. All contracts and other referral sources are to follow all applicable laws.
C. **Antitrust:**

UW Health competes fairly and complies with Anti-Trust Laws. Our medical staff, employees, and agents do not engage in activities or negotiate agreements that restrain or obstruct competition or illegally share proprietary information with competitors. The illegal obtainment or use of proprietary information from competitors is also strictly prohibited.

D. **Coding, Billing & False Claims Act:**

Coding is the way UW Health identifies and classifies health information, such as diseases and services, which are documented in the patient medical record. Billing is the way we submit charges for the services we have provided. UW Health takes great care to ensure that billings to the government, third-party payers and patients are accurate and conform to all applicable federal and state laws and regulations. We are committed to timely, complete and accurate coding and billing. We bill only for services that we provide and believe to be medically necessary.

The Federal False Claims Acts and the Federal Deficit Reduction Act protect government programs such as Medicare, Medicaid and Tricare from fraud, waste and abuse. It is a violation of the Federal False Claims Act to knowingly submit a false claim for payment of government funds. UW Health prohibits its medical staff, employees or agents from knowingly presenting, or causing to be presented, claims for payment or approval, which are false, fictitious or fraudulent. Medical staff, employees, and agents can be prosecuted for filing inaccurate claims for reimbursement, and can be subject to civil fines, criminal penalties or both.

UW Health expects employees to report known or suspected activity of this type to the Business Integrity Office.

E. **Contracts:**

UW Health negotiates and enters into fair and equitable contractual arrangements with reputable vendors and individuals that meet the needs of our organizations. We fairly and accurately bid and negotiate outside contracts at an arm’s length and at fair market value. All arrangements must comply with applicable federal and state laws. Prior to executing arrangement for items and services, we verify that all contracted parties are eligible to participate in federal and state-funded healthcare programs.

F. **Marketing:**

UW Health utilizes marketing and advertising activities to educate the public, provide information to the community, to increase awareness of our services, and to recruit medical staff and employees. Marketing materials and media announcements are to be presented in a truthful, fully informative and non-deceptive manner.

G. **Non-For Profit Status:**

UW Health is a tax-exempt entity because of its charitable mission. UW Health provides community benefits that include healthcare services, medical training, education, research and community outreach activities. UW Health must use its resources in a manner that furthers the public good rather than the private or personal interest of any individual or entity.
H. Research:

UW Health is committed to following ethical standards in full compliance with federal and state laws and regulations in any research, investigations and clinical trials conducted. UW Health is
committed to integrity in disseminating appropriate, valid scientific results in accordance with applicable regulations and guidelines. It is UW Health’s priority to protect the rights of its subjects. As in all financial accounting and recordkeeping, UW Health’s policy is to submit accurate and complete costs related to research grants.

VI. **PRINCIPLE OF CONFIDENTIALITY**

Medical Staff, employees, and agents of UW Health are obligated to maintain the confidentiality of patients, personnel, and other proprietary information, as well as with those who enter into business or professional relationships with UW Health. We are trusted with a wide spectrum of confidential information. Sharing of confidential information with other employees or others outside the organization is strictly forbidden, unless the person requesting the information has a legitimate reason to know and has been properly approved by appropriate leadership.

A. **Patient Information**
UW Health collects information about patients’ medical conditions, histories, medications, and family illnesses in order to provide quality care. We realize the sensitive nature of this information and are committed to protecting patient privacy. We do not access patient information internally use patient information, or disclose patient information outside the organization except as necessary to perform our jobs. We are committed to complying with state and federal privacy laws, and to assisting patients with exercising their patient privacy rights.

B. **Proprietary Information**
UW Health closely controls the dissemination of proprietary information. Except as specifically authorized by managements pursuant to established policy and procedures, medical staff, employees, or agents should not disclose to any outside party any non-public business, whether financial, personnel, commercial or technological information, plans or data acquired during their time with UW Health.

C. **Personnel Actions and Decisions**
Salary, benefits, and other personal information relating to employees shall be treated as confidential. Personnel files, payroll information, disciplinary matters, and similar information shall be maintained in a manner designed to ensure confidentiality in accordance with applicable laws and regulations. Employees shall prevent the release or sharing of information beyond those persons who may need such information to fulfill their job function.

D. **Media Relations**
All requests from reporters or the general public for information should be referred to the Media Relations Office. Employees should never release information without the permission of Media Relations.

VII. **PRINCIPLE OF CONFLICT OF INTERESTS**

A conflict of interest involves any circumstances where your personal activities or interest are advanced at the expense of UW Health. These circumstances may be financial or involve some other type of personal interest that conflicts with your professional responsibilities. UW Health medical staff, employees, and agents avoid any situation in which our participation is or may appear to be, in conflict with the mission, vision, values, and interest of UW Health. We avoid any position or financial interest in any outside organization when such a relationship would improperly influence our professional objectivity or the performance of our duties. Should a conflict of interest arise, we will immediately disclose the situation to our immediate supervisor, the Business Integrity Department or the Legal Department.
A. Gifts

UW Health maintains high ethical standards regarding the offering and acceptance of gifts. Offering or accepting personal gifts may influence our decisions or the decisions of others and may constitute a conflict of interest. UW Health Policy prohibits medical staff, employees and agents from accepting any gifts from industry. UW Health recognizes that patients or other outside parties may wish to present employees with gifts or money. In order to avoid conflicts of interest, gratuities in any dollar amount and gifts of any value may not be accepted. However, if perishable goods are delivered to a unit or employee (e.g., cookies from a family member, fruit basket), it should be handled consistent with guidelines established by the Employee Gift Policy.

B. Outside Activities and Employment

UW Health medical staff, employees, and agents who hold positions of trust and stewardship should refrain from directly or indirectly performing duties, incurring obligations, or engaging in business or professional relationships where there would appear to be a conflict of interest. No outside activity may interfere with job performance.

C. Political Activities

UW Health encourages medical staff, employees, and agents to vote and participate in the political process. However, the use of UW Health property or funds to support a political cause, party or candidate for public office is prohibited. UW Health assets, such as telephones, copiers, and our work time should not be used to support political activity. All medical staff, employees, and agents clearly indicate that the political views they express as individuals are their own and not those of UW Health.

IX. PRINCIPLE–Principle Of–of RESOURCE–Resource MANAGEMENT

It is our responsibility to ensure the UW Health understands the community has entrusted us with assets to be used and protected for our patients’ health. Medical Staff, employees, and agents are expected to safeguard, invest and use these assets to achieve our mission. Proper use of UW Health property and equipment is everyone’s responsibility. Theft, carelessness, and waste have a direct impact on the organization’s success. We need to report any possible loss or theft to the appropriate supervisor. It is UW Health’s policy to manage and operate its business in the manner which respects our environment and conserves natural resources. We strive to utilize resources appropriately and efficiently, to recycle where possible, and otherwise dispose of all waste in accordance with applicable laws and regulations.

We handle any purchase, transfer or sale of assets in accordance with applicable policies and procedures. We do not use materials, equipment or other assets of UW Health for any purpose that is not directly related to UW Health business. Medical staff, employees, and agents have no expectation of personal privacy in connection with personal or work use of UW Health electronic resources. We do not photocopy or distribute material from books periodicals, computer software or other sources if doing so would violate copyright laws.
X. PRINCIPLE OF THE WORKPLACE

UW Health works to ensure that all medical staff, employees, agents, and others have the best possible work environment. We follow all federal, state, and Equal Employment Opportunity Commission laws and regulations for recruiting and retaining qualified employees.

A. Workplace Health and Safety

All of our continuing commitment to an environment of healing and good health, UW Health is smoke free. The use of illegal drugs and abuse of controlled substances in the workplace is prohibited. As a condition of employment, we do not allow employees to be involved in the unlawful use, sale, manufacture, distribution or possession of controlled substances, illicit drugs or alcohol. Working under the influence of such substances, illegal drugs, controlled substances or alcohol is prohibited. UW Health has an extensive safety program for medical staff, employees, and agents to reduce the risk of injury for patients, staff and visitors.

B. Workplace Discrimination:

UW Health believes that the fair and equitable treatment of employees, patients, and other persons is critical to fulfilling its vision and goals. It is UW Health’s policy to treat patients without regard to race, color, religion, sex, national origin, age, disability, sexual orientation or any other classification prohibited by law. It is also UW Health’s policy to recruit, hire, train, and promote qualified persons in all job titles, and ensure that all other personnel actions are administered without regard to race, color, religion, sex, national origin, disability, sexual orientation or status as a special disabled veteran, Vietnam era veteran, or other covered veteran.

C. Workplace Harassment:

UW Health is committed to maintaining an environment that is free of unlawful harassment and intimidation. Harassment includes any behavior or conduct that is based on a protected characteristic and that unreasonably interferes with an individual’s work performance or creates an intimidating, hostile or offensive work environment.

D. Workplace Violence

UW Health has zero tolerance for threats or acts of violence in the workplace. Workplace violence includes physical assaults or action or statements that give UW Health reasonable cause to believe that the safety for our patients, visitors, medical staff, employees, or agents may be at risk. Medical staff, employees, or agents who engage in workplace violence shall be subject to disciplinary action up to and including removal from UW Health facilities, termination and/or referral to appropriate law enforcement agencies.

E. Screening of Excluded Individuals

UW Health will not knowingly employ or contract with individuals or entities that have been listed as debarred, excluded or otherwise ineligible for participation in Federal health care programs. As a condition of employment or eligibility to provide services, medical staff, employees, or agents are required to notify clinical leadership or Human Resources immediately if they are currently or know they will be in the future listed as a person excluded from participation in Federal health care programs.

F. Workplace Inclusion

UW Health supports diversity, equity and inclusion initiatives throughout the organization and recognizes that all patients, families, faculty, and staff deserve to feel safe and respected. Through a wide variety of initiatives
and teams, we work toward our goal of an inclusive workplace. Our workforce and the patients we serve include people from all backgrounds and identities, and we celebrate those differences. To protect our team members and our patients, UW Health has adopted policies and tools that dismantle racism and bigotry of any kind.
I acknowledge that:

- I have received the UW Health Code of Conduct. I understand that it is my responsibility to read and comply with the legal and ethical practices contained in the Code of Conduct.
- I have responsibility to reporting potential compliance issues. I can do this by talking to a supervisor, contact through the Business Integrity Office, or calling the UW Health Reporting Line.
- I am aware that violations of the Code of Conduct and UW Health Policy and procedures may result in appropriate employment action.

Printed Name: ________________________________

Signature: ________________________________

Date: ________________________________

Title or Position: ________________________________

Employee ID #: ________________________________

Phone Number: ________________________________

Department: ________________________________

Direct Supervisor’s Name: ________________________________
Table of Contents

I. INTRODUCTION ...................................................................................................................... 1

II. THE COMPLIANCE PROGRAM STRUCTURE ..................................................................... 1

III. MAINTENANCE OF COMPLIANCE PLAN ............................................................................ 3

IV. DEVELOPMENT OF COMPLIANCE WORK PLANS & ANNUAL REPORTS .................. 4

V. STANDARDS, POLICIES, AND PROCEDURES ........................................................................ 4

VI. SCREENING AND EVALUATION OF EMPLOYEES, MEDICAL STAFF, VENDORS, & OTHER AGENTS ........................................................................................................................................................................ 5

VII. EDUCATION, AND TRAINING ............................................................................................ 5

VIII. MONITORING, AUDITING AND INTERNAL REPORTING ........................................... 6

IX. EFFECTIVE LINES OF COMMUNICATION ................................................................... 6

X. DISCIPLINE FOR NON-COMPLIANCE ........................................................................... 7

XI. INVESTIGATIONS AND REMEDIAL MEASURES ................................................................. 7
I. INTRODUCTION

The Board of Directors of the University of Wisconsin Hospital and Clinics Authority (UWHCA) and the Board of Directors of the University of Wisconsin Medical Foundation (UWMF) have had an ongoing commitment to conducting operations in a manner that promotes quality, efficiency, honesty, integrity, respect and compliance with applicable institutional policies and procedures, laws, regulations, and ethical principles and have established the UW Health Compliance Program (the “Compliance Program”). UW Health recognizes that an effective Compliance Program can prevent problems or detect potential problems early enough to reduce legal risks. In adopting the Compliance Program, both Boards of Directors establishes an ongoing commitment to compliance and the expectation that UW Health employees, medical staff, and agents demonstrate the highest ethical standards in performing their work activities. The Program applies to all activities performed by all UW Health staff members including medical staff, GME trainees, students, vendors, contractors, employees (including full time, part time, per diem, and temporary employees), agency and traveler staff, volunteers and other staff of UW Health. All staff members are obligated to incorporate elements of the Compliance Program, including the Code of Conduct into their daily performance. In addition, this Compliance Program applies to all joint ventures and wholly owned subsidiaries including, but not limited to, UW Health Northern Illinois (SwedishAmerican Health System Corporation, SwedishAmerican Hospital), Generations Fertility Care, Inc., Highland Insurance Company, LLC, InnTowner, LLC., Isthmus Project, Inc., Madison Surgery Center, Inc., Regional Division, Inc., Transformations Surgery Center, Inc., Wisconsin Dialysis, Inc., Wisconsin Sleep, Inc., Center, Wisconsin Therapies Inc., and the UW Health Accountable Care Organization. This Compliance Plan which is structure according to the Office of Inspector General (OIG) and the Federal Sentencing guidelines, seven elements of an effective compliance program, and OIG Measuring Compliance Program Effectiveness and provides the Compliance Program the structure and the authority to carry out its duties as described below.

II. THE COMPLIANCE PROGRAM STRUCTURE

UW Health is committed to ensuring that the Compliance Program is developed, implemented, and maintained throughout the organization. It has been and continues to be the intention of UW Health to fully comply with all federal, state, and local laws and regulations in its business of providing quality medical services. The business of healthcare is becoming increasingly regulated, making consistent interpretation and application of the various rules and regulations a challenging endeavor. To meet this challenge the UW Health Compliance Program will include the following elements:

A. Directors and Officers: It is the fiduciary duty of the directors and officers to ensure that the business activities of the company are conducted within lawful bounds and take effective measures to prevent wrongdoing. The Chief Executive Officer of UW Health (CEO) is ultimately responsible for overseeing the Compliance Program and the work of the Compliance Officer and Compliance Committee. The CEO will be informed of significant compliance matters through direct reports of the Compliance Officer when necessary.

B. Compliance Committee: The UW Health Compliance Committee is a committee of the UWHC Authority Board of Directors. This Committee will provide guidance and
oversight for all aspects of the Compliance Program. The Committee’s primary duties and responsibilities are to:

4. Development, review, administration, and enforcement of UW Health’s internal controls, policies, procedures, and programs for maintaining compliance with applicable law and regulations; Review and ensure enforcement of UW Health’s internal controls, policies, procedures and programs for maintaining compliance with applicable laws and regulations as well as the UW Health Compliance Plan, and make recommendations for improving same;

1. Development, review, administration, and enforcement of the UW Health Code of Conduct and all compliance related codes, policies, and procedures, and make recommendations for improving same;

2. Provide annual board member education to UW Health boards as defined in this charter;

3. Review the quarterly Compliance Dashboard with the UW Health Chief Executive Officer and Chief Administrative Officer;

4. Prepare and review the annual Compliance Committee Report, the Business Integrity Department Work Plan, and the Compliance Plan to UWHCA, UWMF, SAHSC, and SAH Boards of Directors, including an evaluation of the Chief Compliance Officer;

5. Review matters that impact UW Health’s compliance codes, policies and procedures and any reports or concerns raised by internal reviews, regulators or governmental agencies;

6. Review matters that impact UW Health’s compliance codes, policies and procedures and any reports or concerns raised by internal reviews, regulators or governmental agencies;

7. Oversee the education, auditing and monitoring initiatives of UW Health’s Compliance Program and evaluate results based on predetermined objectives;

8. Promote standards of ethical behavior within UW Health;

9. Review, through the Compliance Committee Chairperson, any material compliance issues affecting UW Health raised by the Chief Compliance Officer;

10. Obtain the advice and assistance of outside advisors as needed.

Joint ventures and wholly owned subsidiaries may have a Compliance Committee dedicated to the entity deemed appropriate by the UW Health Compliance Committee, the joint venture or wholly owned subsidiary’s Board of Directors, and the Chief Compliance Officer.
C. **Chief Compliance Officer:** The Chief Compliance Officer is responsible for the development and implementation of the UW Health Compliance Program. The Chief Compliance Officer reports directly to the Chief Operations-Administrative Officer (CAOO) and is supported by the UW Health Compliance Committee, and Business Integrity staff. The Chief Compliance Officer has a direct line of communication to the UW Health CEO and the UWHCA, and UWMF, and UW Health Northern Illinois Boards as he/she deems necessary or appropriate to fill his/her duties or responsibilities. This position will carry out the Compliance Committee’s initiatives to ensure that commitment to the Compliance Program is communicated and adhered to throughout UW Health System. The Chief Compliance Officer in conjunction with this Committee shall submit to the CEO and CAOO a quarterly report regarding Compliance Program activities. This report can be provided to the CEO during the quarterly UW Health Audit Committee meetings quarter through its visual management system.

D. **Physical Location and Contact Information:** The Business Integrity Office is located in the UW Health Administrative Office Building at 7974 UW Health Court, Middleton, Wisconsin, 53562.

**UW Health System Contacts:**
- Telephone: (888) 225-8282 (toll-free) or (608) 821-4130
- Online: https://uconnect.wisc.edu/depts/uwhealth/business-integrity/reporting-compliance-issues/

**UW Health Northern Illinois (SwedishAmerican Hospital Health System Corporation, SwedishAmerican Hospital)**
- Telephone: (800) 442-5675 (toll free)
- Online: www.swedishamerican.ethicspoint.com

### III. MAINTENANCE OF COMPLIANCE PLAN

The Compliance Plan is a working, living document. The Compliance Plan contains the structure and purpose of the Business Integrity Program. The UW Health Compliance Committee has the authority and responsibility to update and revise the Compliance Program, its policies and procedures and all plans and documentation related to the Program from time to time and without notice.

Under the direction of the Compliance Officer, the Compliance Plan and related documents will be reviewed annually and updated as necessary to reflect changes in laws and regulations. Such activities will include, but are not limited to:

A. reviewing federal and state laws and regulations and their impact on the program,
B. updating policies and procedures to coincide with laws and regulations,
C. updating training materials to reflect changes in compliance,
D. expanding and modifying the Code of Conduct as approved by the Compliance Committees,
E. updating employee handbooks.
IV. DEVELOPMENT OF COMPLIANCE WORK PLANS & ANNUAL REPORTS

The development of an annual Work Plan assists the Business Integrity Office, Compliance Committee, operational areas, and Senior Management in determining the priorities of the compliance activity and ensuring its consistency and support of the organization’s goals and objectives. The Work Plan will be presented to the UW Health Compliance Committee for review and approval. This Work Plan will provide a plan for the new fiscal year that can be scheduled and prioritized.

The Business Integrity Office in conjunction with the Compliance Committee and Senior Management will annually establish a risk-based Work Plan, which will prioritize the activities for the Compliance Program. This process will consider the areas of highest risk including potential external reviews as established by the Office of Inspector General Work Plan, Supplemental Medical Review Contractors, Recovery Audit Contractor Issue List, Fraud and Abuse Alerts, as well as internal or external risk assessments, feedback from employees, denials, and external audit requests. This Work Plan will be provided to the UWHCA, and UWMF, and UW Health Northern Illinois Boards of Directors.

At the conclusion of each fiscal year the Business Integrity Office will produce an Annual Report describing the activities of the year and its relationship to the approved Work Plan. This report will be provided to the UW Health Compliance Committee and the Chief Operating Administrative Officer for review. A summary of this report will be provided to the UWHCA, and UWMF, and UW Health Northern Illinois Boards of Directors.

V. STANDARDS, POLICIES, AND PROCEDURES

Policies and procedures are the foundation for the Compliance Program. These documents provide the Business Integrity Office, Senior Management and employees with the expectations of UW Health.

A. Code of Conduct: The Code of Conduct is the fundamental document establishing a culture of compliance. UW Health will create and maintain a Code of Conduct that establishes its commitment to compliance with all federal and state standards; state UW Health’s goals related to mission and ethical requirements; and express clear expectation that all members of the workforce, management, governing board, contractors and other agents working on behalf of the organization adhere to the standards.

B. Policies and Procedures: In the Publication of the OIG Compliance Program Guidance for Hospitals, the OIG outlines several specific areas where policy developed is necessary. The OIG addresses special areas of concern, including billing for items or services never provided; providing medically unnecessary items or services; upcoding and Diagnosis Related Group (DRG) creep; unbundling services; duplicate billing; Anti-Kickback Statute; joint ventures; Stark Law and financial arrangements between hospitals.
and hospital-based physicians; false cost reports. UW Health will create and maintain these policies in adherence with its Administrative Policy Committee and process.

**VI. SCREENING AND EVALUATION OF EMPLOYEES, MEDICAL STAFF, VENDORS, & OTHER AGENTS**

A. Screening: To ensure compliance with applicable laws and regulations, UW Health must use due care not to hire or retain individuals whom the organization knows or should know through the exercise of due diligence have a propensity to engage in illegal activities and are ineligible to provide services to the Federal Government. It is UW Health’s policy not to hire, promote, or retain these individuals and therefore, UW Health will take measures to develop initial and ongoing screening processes for employees, physicians, vendors, and agents to identify these individuals and take appropriate employment action.

B. Conflict of Interest: Every employee at the time of appointment makes a personal commitment to honesty and integrity. Such a commitment is essential for UW Health to perform its proper function in our society and to ensure continued confidence of our patients. It is a violation of this commitment for any employee to seek financial gain for themselves, their immediate families or organizations with which they are associated through activities that conflict with the interests of UW Health. Therefore, UW Health will take measures to develop initial and ongoing processes to train individuals about and collect disclosures of conflicts of interest and appropriate action will be taken.

C. Exit Surveys: UW Health will develop employee termination process such as exit interviews, surveys, and/or questionnaires to ensure compliance program questions are incorporated into exit interviews and the exit interviews are reviewed and evaluated.

**VIII. EDUCATION, AND TRAINING**

A. Annual Compliance Training: Compliance training sessions will be provided for UW Health’s existing employees, medical staff, and agents, including Board of Director members. All personnel will receive Compliance Program training sessions on a regular basis. These sessions will be provided by a combination of in-person sessions as well as modules delivered by computer-based training systems. Training modules will be designed to enforce the organization’s commitment to compliance by specifically training employees whose job functions fall within targeted risk areas. The Business Integrity Office will work with the Revenue Cycle Department and other operational areas as needed to ensure a united understanding and interpretation of the regulations for both physicians and coding personnel. A record of participation will be maintained in the Human Resources Office or the Business Integrity Office.

B. Orientation: Compliance Program training begins during the New Employee and New Provider Orientation Sessions and includes all employees, medical staff, and agents, including Board of Director members. Each employee will review Compliance Program information including a summary of the Code of Conduct, contact information for the Business Integrity Office, and the “Compliance Reporting Line” to report suspected potential violations of the Code of Conduct or laws and regulations. New managers will
receive additional training regarding how to properly assess compliance issues and the proper process for reporting these concerns.

C. **Newsletter/Department Updates:** The Business Integrity Office will continually update employees, medical staff and agents through newsletter and department updates. These updates will contain regulatory changes, reminders, and specialized information.

**VIII. MONITORING, AUDITING AND INTERNAL REPORTING**

It will be necessary to regularly assess and evaluate, through audits and other monitoring and measurement processes, whether UW Health is compliant with laws and regulations. The Business Integrity Office will compare current operational functions to be sure they are consistent with the Code of Conduct and corporate policies and procedures.

Audits will be performed on a periodic basis to proactively and retroactively assess adherence to laws and regulations. These audits will include reviews of physicians and advanced practitioners-based services which focus on the documentation, coding, and billing of these services. Additional focused audits will be performed based upon both external risk factors, such as the RAC Issues list, OIG Work Plan, Supplemental Medical Review Contractor, the Office of Civil Rights, and other external resources, as well as, internal risk indicators that are identified on the annual risk assessment. In addition, monitoring processes will be implemented to determine the validity and accuracy of UW Health’s operations and procedures. These same processes will assist in detecting potential areas of employee misconduct or their lack of understanding of laws and regulations or other requirements, including HIPAA, Stark and Anti-Kickback Statue. Lastly, these audits, monitoring, and measurement processes will identify employees, medical staff and agents needing additional training.

**XIV. EFFECTIVE LINES OF COMMUNICATION**

In order for a compliance program to work properly, employees must be able to ask questions and report problems without fear of retribution, adverse consequences, or retaliation as a result of such reporting. UW Health is committed to handling all inquiries or suspected violations in a confidential and timely manner. Supervisors play an important role in responding to employee concerns and it is appropriate that they serve as the first line of communication. If the employee or/and other persons does not feel comfortable communicating with their immediate supervisor they may report illegal activities, breaches in the Code of Conduct, or any other suspected violation in the following ways:

A. **Business Integrity Office:** Any person may contact the Business Integrity Office. All reports will be logged and each case will be given a reference case number. The recording system will note the date of the suspected violation, name of reporter if available, and a concise description of the concern. The reporter may remain anonymous. Case numbers will ensure confidentiality and also give the reporting party a reference number to use when checking on the status of a report.

B. **Reporting Line:** Any person may submit a report by using the toll free reporting line, (888)-225-8282 or (608) 821-4130. These calls will be answered by the Business Integrity staff that will listen to the caller and collect necessary and relevant data. A caller may remain anonymous if they desire. An additional toll free number is available
to UW Health Northern Illinois (SwedishAmerican Hospital Health System Corporation, SwedishAmerican Hospital) employees (800) 442-5675.

C. Via the Internet: Any person may submit a compliance issues report via the intranet and remain anonymous. This form can be found at [https://uconnect.wisc.edu/depts/uwhealth/business-integrity/reporting-compliance-issues](https://uconnect.wisc.edu/depts/uwhealth/business-integrity/reporting-compliance-issues). An additional online option is available to UW Health Northern Illinois (SwedishAmerican Hospital Health System Corporation, SwedishAmerican Hospital) employees that can be found at [www.swedishamerican.ethicspoint.com](http://www.swedishamerican.ethicspoint.com).

**XV. DISCIPLINE FOR NON-COMPLIANCE**

An employee who has been determined to have violated the Compliance Program will be subject to appropriate employment action up to and including termination. It is UW Health’s policy to demonstrate appropriate and consistent disciplinary measures. Discipline for violations will be determined on a case-by-case basis and will be dependent on the facts and circumstances involved. Once a violation is confirmed, it is important that appropriate actions be taken. These actions can take on many forms dependent upon the individual violation. The Business Integrity Office will review discipline action to ensure that it is consistent and according to pertinent corporate policies and procedures.

**XVI. INVESTIGATIONS AND REMEDIAL MEASURES**

The Business Integrity Office is responsible for directing the investigation of any suspected violation of the Code of Conduct or applicable laws or regulations. The Business Integrity Office may solicit the assistance of internal or external resources that have knowledge of the specific issue in question.

The Compliance Officer will authorize the investigation which shall begin within a week following the report of the suspected violation. As part of the investigation, an interview will be scheduled with the reporting party if possible or other persons who may have knowledge of the suspected violation. In addition, a review of the applicable laws and regulations and related documentation which might be relevant to the issue will be performed and coordinated with the Legal Department. Lastly, audits may be necessary as a means to gather evidence.

An initial review of the data will determine whether the investigation should continue or be closed. If the initial review concludes that there is sufficient evidence to continue or that additional information is needed, the investigation will proceed. All investigations will be logged within the tracking system and all documentation will be properly filed. For each completed investigation the Business Integrity Office will produce a final report.

If during the course of an investigation, it is determined by the Compliance Officer that the integrity of the investigation may be jeopardized due to the presence of certain employees under investigation; such employees will be removed from their current work activity until the investigation is complete. It is UW Health’s intention to respond appropriately and lawfully with respect to its obligation to report violations to governmental agencies and other authorities. After review and evaluation of factual evidence relating to the alleged violation, the Business Integrity Office with the Legal Department will determine if it is appropriate to notify governmental regulatory authorities.
Fiscal Year 2024 Compliance Work Plan

Prepared For:
UW Health Compliance Committee

Prepared By:
UW Health Business Integrity Office
## TABLE OF CONTENTS

I. Introduction .................................................................................................................................................. 2  
II. Standards, Policies, and Procedures: ......................................................................................................... 2  
III. Compliance Program Administration: ...................................................................................................... 3  
IV. Screening and Evaluation of Employees, Physicians, Vendors, and Other Agents .............................. 4  
V. Communication, Education, and Training on Compliance Issues ............................................................ 5  
VI. Monitoring, Auditing, and Internal Reporting Systems .............................................................................. 6  
VII. Discipline for Non-Compliance ................................................................................................................... 8  
VIII. Investigation and Remedial Measures ..................................................................................................... 9  
IX. Conclusion .................................................................................................................................................. 9
I. Introduction

UW Health has a long history as a leader in providing remarkable healthcare and service to its patients. As part of our mission to deliver excellence to our patients, UW Health is committed to maintaining a work environment that assures our physicians and staff can perform their daily tasks with high ethical standards, honesty, and integrity, while in compliance with applicable laws and regulations.

To prioritize the projects and objectives of the Business Integrity Office and facilitate the oversight by the UW Hospital and Clinics Authority (UWHCA) of the UW Health Compliance Committee, this Work Plan is produced and distributed for their review. The Work Plan sets forth various projects to be addressed during the Fiscal Year but is a fluid document and updated based on the identified risk of UW Health. The Business Integrity Office moved to these concurrent updates due to the everchanging regulatory environment. This structure allows the Office more mobility to address the risks that emerge and communicate with the UW Health Compliance Committee.

The Work Plan is structured in the order of the Office of Inspector General’s (OIG) and Health Care Compliance Association (HCCA) Measuring Compliance Program Effectiveness and includes projects within those elements:

- Standards, Policies, and Procedures
- Compliance Program Administration
- Screening and Evaluation of Employees, Physicians, Vendors, and other Agents
- Communication, Education, and Training on Compliance Issues
- Monitoring, Auditing, and Internal Reporting Systems
- Discipline for Non-Compliance
- Investigation and Remedial Measures

The Work Plan uses various resources, such as the US Department of Justice Criminal Division Evaluation of Corporate Compliance Programs, the OIG Work Plan, Recovery Audit Contractor (RAC) issue list, Supplement Medical Review Contractor issues list, Office of Civil Rights HIPAA enforcements, industry best practices, and UW Health risk assessment to determine the activities that will be undertaken. Some of the projects described in the Work Plan are standard activities that will be completed each year, such as the physician coding reviews, while others will vary depending on the latest compliance risks.

II. Standards, Policies, and Procedures:

To effectively communicate the organization's commitment to and expectation of compliant conduct to the providers and staff, practice standards and procedures must be developed and implemented. The federal government expects that all providers have compliance policies and procedures that are accessible, viewed by their workforce, and reviewed by leadership on a regular basis. These documents must include foundational compliance items like the Compliance Plan and the Code of Conduct. Based on these fundamental principles, the Business Integrity Office will be working on the following initiatives:

   A. Corporate Compliance:
1. Update and maintain the Integrated UW Health Compliance Plan, including review and approval by the Compliance Committee. All material changes will be forwarded to the UWMF and UWHCA Board of Directors for review and approval.

2. Continue to refine and improve the integrated policy review process of the Administrative Policy Committee including representation and participation by UW Health Northern Illinois (NI).

3. Continue to review policies and forms for integration with UW Health NI policies and procedures.

4. Update Administrative Policy 4.58 Record Retention regarding email retention.

5. Assist in the creation and standardization of physician administrative positions

B. Pharmacy Compliance:
   1. Develop and finalize the Significant Loss Policy.
   2. Update Clinical Policy 6.1.13 Controlled Substance Control Systems in Patient Care Areas, ensuring current workflows and regulatory requirements are reflected.
   3. Review and update Administrative Policy 4.58 Record Retention incorporating a section regarding controlled substance records.

C. Privacy Compliance:
   1. Review and update Administrative Policy 9.11 Corrective Action for Non-Compliance with Confidentiality of Protected Health Information
   2. Review and update Administrative Policy 4.53 Breach Notification.

D. Reimbursement Compliance:
   1. Review and update Policy 4.50 False Claims Act

E. Research Compliance:
   1. Continue to work with Revenue Cycle to draft Standard Operating Procedures for Research Billing. This will be a multiyear project.

III. Compliance Program Administration:

This section of the Work Plan focuses on whether the compliance program is administered in a way that is appropriate for the size, resources, and scope of UW Health. This section determines whether governing bodies are actively engaged in the compliance program and promote a culture of compliance across all business functions. Additionally, this section asks whether the compliance program is appropriately resourced, whether the compliance officer has other operational responsibilities, and whether the compliance officer’s reporting structure is sufficiently independent of other operational functions. The Business Integrity Office will be working on the following initiatives:

A. Corporate Compliance:
   1. Annual review of the Compliance Committee composition and attendance with Compliance Committee Chair.
2. Compliance Committee to provide input into the Compliance Office’s performance evaluation.

3. Investigate viable partners to perform a Compliance Program Assessment. Based on this analysis funds will be requested for Fiscal Year 25.

4. Drafts of Annual Report and Work Plan to be reviewed and approved by the UW Health Compliance Committee and presented to the the UWHCA, UWMF, and UW Health NI Boards of Directors.

5. The Compliance Officer will meet privately with the Compliance Committee with no members of management present.

6. Transition from multiple tracking databases and systems for compliance (e.g., investigations, audit, conflict of interest, policies, etc.) and privacy to ServiceNow creating a single source of information for Business Integrity.

7. Evaluate the implementation of a Culture Assessment.

8. Evaluate current staffing and structure of the Business Integrity Office against an outside benchmark like American Hospital Association or the American Academy of Medical Colleges and review with Compliance Committee.

IV. Screening and Evaluation of Employees, Physicians, Vendors, and Other Agents

This section of the Work Plan and the OIG Guidance focuses on whether all employees, physicians, vendors, and other agents are adequately screened against the OIG Exclusion List and other relevant government sanctions lists prior to their engagement. Another area of review is whether a process is in place to identify and disclose conflicts of interest and whether employees, physicians, vendors, and other pertinent agents receive appropriate education on these conflicts. These metrics emphasize that the provider should remain vigilant regarding employee, physician, vendor, and other agent eligibility both at the time of initial engagement and thereafter. Based on these principles, the Business Integrity Office will be working on the following initiatives:

A. Corporate Compliance:

1. Continue to monitor the current processes and frequency for exclusion screening for Board of Directors, employees, providers, and volunteers.

2. Jointly implement a new provider conflict of interest process with the SMPH’s Dean’s Office, and the Office of Corporate Counsel including the establishment of the new Interactions with Industry Relationships Council.

B. Privacy Compliance:

1. Continue surveying high-risk business associates and evaluating their compliance with privacy and security requirements.

2. Work collaboratively with Information Systems and Procurement Services to develop a third-party management system.
V. Communication, Education, and Training on Compliance Issues

This section of the Work Plan reviews whether the compliance program has established appropriate lines of communication throughout UW Health. Education and training are the components of a compliance program that demonstrates a proactive approach to the rules and regulations that govern our business. Education and training can take on many forms and assists in creating a common understanding for all individuals. It is especially important for those involved in the governance, documentation, coding, and revenue cycle processes. Furthermore, education clarifies what is required by regulation, in addition to the expectations of the organization. Proactive education and training can prevent future problems if physicians and employees have a foundational understanding of the rules and regulations. This process is what makes all individuals within the organization compliance extenders. Based on these principles, the Business Integrity Office will be working on the following initiatives:

A. Corporate Compliance

1. Annual Training:
   i. Continue to complete annual compliance training for all employees and the Board of Directors including signing of the Code of Conduct.
   ii. Expand the pretest option for additional compliance and privacy testing and training. This option would show proficiency in the subject matter and would require individual to review sections they did not fully understand.

2. Continue to complete new employee, new leader, and provider orientations.

3. Draft and implement training program for Conflict of Interest for Providers.

B. Pharmacy Compliance

1. Continue to educate staff and students on drug diversion and controlled substance management by performing lectures to the Pharmacy Technician Training Program, pharmacy residents, operating room nursing staff, clinical anesthetist, and the Cultural Congruence Group.

2. Continue to participate in the onboarding of new Pharmacists and Pharmacy Residents by providing controlled substance handling training sessions.

C. Privacy Compliance

1. Continue to work with Information Systems Department to develop a cybersecurity hygiene education program. This is an ongoing program that will need to adjust with the everchanging environment. It will be presented at various levels of the organization as the foundation for a culture of understanding the current computing environment and the risk associated with it.

2. Provide HIPAA and Privacy training for the Madison Metropolitan School District.

3. Complete six HIPAA/Privacy 101’s for departments and staff.

4. Working collaboratively with safety team to complete six HIPAA/Privacy walk throughs and go and sees.
5. Continue Quarterly privacy and cybersecurity informational update to key stakeholders to distribute during their team huddles.

6. Continue individual physician and department in-person and or virtual education regarding privacy, documentation, coding, and billing standards.

D. Reimbursement Compliance

1. Develop Computer Based Training (CBT) for various billing processes and topics helping to ensure billing compliance for providers and coders. This is an ongoing goal.

2. Educate all areas affected by the new split/share billing guidelines, to ensure compliance.

3. Continue to attend Clinical Department meetings to provide compliance updates and hot topic education.

E. Research Billing Compliance

1. Complete seven educational sessions with the Research and Revenue Cycle Departments.

VI. Monitoring, Auditing, and Internal Reporting Systems

The purpose of internal auditing and monitoring is to provide an independent appraisal activity that systematically reviews UW Health’s adherence to regulatory requirements of the documentation, coding, and billing processes of both facility and professional services, identification of potential regulatory risk like HIPAA Privacy and Security regulations, and recommendations to mitigate the identified risks or deficiencies. This function is completed by various offices within the Business Integrity Office and in conjunction with the quality assurance efforts of operational departments. This section encompasses the OIG guidance include the establishment of confidential reporting mechanisms such as a hotline and necessary tracking and monitoring systems. In addition, the Business Integrity Office allocs time for for "cause audits that were not anticipated at the time of drafting this Work Plan.

A. Corporate Compliance

1. Maintains a hotline for individuals to send concerns. All concerns are investigated and if necessary, audits are completed to ensure UW Health’s compliance with the rules and regulations.

2. Continue to monitor the annual reporting of Board Members, Key Employees, and staff. This process will include integration with UW Health NI. The Interactions with Industry process will be reinstated in conjunction with UW Madison School of Medicine and Public Health. This monitoring will include downloading and analyzing of the Sunshine Act data.

3. Develop an inventory of items or services given to patients and their families without charge by surveying the leadership team. Standardize and develop a guideline for items or services given to patients and their families without charge escalation process.

4. Develop auditing process for Patient Support Funds Program to ensure proper administration of these monies according to policy and procedure.

5. Establish an interaction with industry or provider conflict of interest appeals committee. This committee will provide a peer review of potential provider engagements that may be at conflict with UW Health or SMPH interest.
B. Pharmacy Compliance

1. Continue to support Provider Services and the School of Medicine and Public Health with diversion investigations, monitoring agreements, and performance improvement plans.

2. Continue to work with Provider Services to create a standard process for provider and faculty physician investigations.

3. Continue work with the Pharmacy and Nursing Departments on the implementation of new drug dispensing systems and discrepancy resolution process. This work will include the integration of data from those systems into the drug diversion software.

4. Implement pharmacy module of the drug diversion software which will provide diversion detection analytics for pharmacists and pharmacy technicians.

5. Expand waste testing to include East Madison Hospital.

6. Continue to assist UW Health NI in standardizing their diversion investigation and reporting process.

C. Privacy Compliance

1. Quarterly Reports of employees who had recent clinic, emergency department, and inpatient visits.

2. Monthly Reports of demographics (e.g., same last name, same address, emergency contact, etc.) access, for outside organizations with access to Health Link.

3. Work with IT Security to engage an external consultant to complete Annual HIPAA Security Risk Assessment. Ensure recommendations from this Assessment are implemented jointly by the Business Integrity Office and Information Systems Security Office.

4. Work with IT Enterprise Analytics and IT Security to evaluate methods to audit data reporting systems such as Strata, Reporting Workbench, Slicer Dicer, etc.

5. Develop and implement auditing method for payor’s access into UW Health’s electronic medical record. This will include care link usage including Quartz, as well as new payer systems like MOXE and Payer Platform.

6. Work with IT Security to develop a governance structure for privacy and security decision and strategic direction. This would include the use and implementation of artificial intelligence.

7. Audit to ensure appropriate implementation of the new paging system ensuring proper encryption.

8. Work with the Behavioral Department and Office of Corporate Counsel to ensure compliance with the 42 CFR Part 2 Confidentiality of Substance Abuse Disorder.

9. Work with Internal Audit Division to assess operational resiliency of administrative operations if UWH would be forced to paper process. This would include areas like claims processing, payroll, supply chain.

D. Reimbursement Compliance
1. Physician and Provider Audits: Reviews are completed for billed physicians and advanced practitioner-based services. These reviews focus on the documentation, coding, and billing of these services. The provider audits will include UW Health WI, UW Health NI, and UW Health Care Direct services. To concentrate resources to the highest risk areas, software is used to identify providers and hospital services that are considered outliers in billing practices.

2. Reimbursement compliance will provide audited Clinical Department a detailed summary of findings and trends. 20 summaries will be completed this Fiscal Year.

3. Coder Audits: Audits are completed of the proficiency and accuracy of the Professional Coding staff by Reimbursement Compliance Analysts. Outpatient facility coding staff and professional coding staff are reviewed by Coding Quality Analysts in addition to editing software being used to identify potential coding errors. The Inpatient Facility Coding staff are reviewed by an external consultant.

4. Focused Issue Audits: Each year specific audits are identified due to the high-risk nature of the service being provided. These audits are based upon both external risk factors, such as the RAC Issues list, OIG Work Plan, Supplemental Medical Review Contractor, the Office of Civil Rights, and internal sources such as hotline trends, exit interviews, and routine results.

5. Complete an external audit of Radiation Oncology UW Health WI and UW Health NI.

6. Review and audit compliance with billing for home-based hospital care program.

7. External Audits: UW Health receives routine audits from external Federal and State Agencies. The Business Integrity Office coordinates the response to these audits. Continue collaborating with Revenue Cycle to improve the facilitation and tracking of these audits.

E. Research Billing Compliance Audit: The Research Billing Compliance Office will be conducting Medicare Coverage Analysis to ensure appropriate billing of services. The goal is to complete 15 retrospective audits this year.

VII. Discipline for Non-Compliance

This section of the Work Plan addresses whether UW Health’s policies on corrective action are effective and are followed consistently throughout the organization. The Business Integrity Office works closely with the Human Resources Department for any compliance or privacy investigations that lead to disciplinary action. The OIG guidance is that employees and associates are aware of the corrective action procedures, and whether incentive and promotion criteria are appropriately aligned with compliance priorities. Based on these principles, the Business Integrity Office will be working on the following initiatives:

A. Corporate Compliance

1. Continue quarterly meetings with Department of Human Resources reviewing disciplinary action for compliance issues and consistent discipline action.
2. Examine methods of recognition and appreciation for good compliance behavior (e.g., UW Health Logoed gift for being the first employee to complete annual compliance training, recognition of in-brief.)

VIII. Investigation and Remedial Measures

This section of the Work Plan relates to whether UW Health has responded appropriately to reported compliance concerns. The OIG expects that providers are prompted to evaluate their guidelines on conducting investigations, including those done through legal counsel under the attorney-client privilege and/or work product doctrine, and determine whether investigations are consistently conducted. Also, determination of whether investigations lead to appropriate and effective remedial responses, including corrective action plans based on a root-cause analysis, and whether the providers follow through on these corrective action plans.

Based on these principles, the Business Integrity Office will be working on the following initiatives:

A. Corporate Compliance:
   1. Establish an interaction with industry or provider conflict of interest appeals committee. This committee will provide a peer review of potential provider engagements that may be in conflict with UW Health or SMPH interest.
   2. Develop an inventory of items or services given to patients and their families without charge by surveying the leadership team. Standardize and develop a guideline for items or services given to patients and their families without charge escalation process.

B. Privacy Compliance:
   1. Develop a standard process for the investigation and elevation of cybersecurity threats. This will include determination of when to include outside counsel and external cyber forensic organizations.

IX. Conclusion

This Work Plan is submitted by the Business Integrity Office for approval by the UW Health Compliance Committee and subsequently the Boards of Directors of UWHCA, UWMF, and UW Health NI. Please note that due to the ever-changing regulatory environment, work plans are often altered to address new risks that need immediate attention.
FYI Attachment

UW Health Compliance Committee Charter

Effective July 1, 2023
UW HEALTH
COMPLIANCE COMMITTEE
CHARTER

Effective as of: July 1, 2023

1. Purpose

The Compliance Committee (the “Compliance Committee”) of the Boards of Directors (the “Board”) of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”), University of Wisconsin Medical Foundation, Inc. (“UWMF”), SwedishAmerican Health System Corporation (“SAHSC”), and SwedishAmerican Hospital (“SAH”) shall assist the Boards of Directors with oversight of the UW Health Compliance Department and Compliance Programs, including, without limitation, UW Health’s compliance with applicable laws and regulations, development and administration of the UW Health Code of Conduct, and development and administration of all compliance related UW Health codes, policies, and procedures.

As used in this Charter, “UW Health” refers to UWHCA, UWMF, SAHSC, SAH, and the subsidiaries and affiliates which are financially consolidated with any of UWHCA, UWMF, SAHSC, and SAH and the subsidiaries and affiliates which are not consolidated but in which any of UWHCA, UWMF, SAHSC, or SAH has a financial interest that is more than inconsequential. UW Health Management is charged with outlining the plan to report the subsidiary and affiliate information to the UW Health Compliance Committee.

2. Membership

The Compliance Committee shall consist of no less than five (5) and no more than nine (9) members (“Members”) appointed by the Chairperson of the UWHCA Board. In making such appointments, the Chairperson of the UWHCA Board shall appoint one (1) Member designated by the SAHSC Board of Directors. The Compliance Committee Chairperson shall also be designated by the Chairperson of the UWHCA Board. A majority of the members of the Compliance Committee shall be independent and the Compliance Committee shall be populated with persons such that each of the following relevant areas of expertise is represented: with the majority of the Members being independent – cybersecurity; risk (identification, prioritization, management, analytics, legal, revenue cycle, physician/patient care (inpatient); physician/patient care (ambulatory); privacy; policies and procedures; and human resources. One individual member of the Compliance Committee may satisfy more than one of the aforementioned core competencies. For purposes hereof, an “independent member” is a person who (a) is not an executive officer or employee of any of the entities constituting UW Health, and (b) does not have a material relationship with UW Health which in the opinion of the Board would interfere with the exercise of independent judgment in carrying out their responsibilities. Appointees may include persons who are not members of the Board.
Members of the Compliance Committee shall serve until their resignation or removal by the Chairperson of the UWHCA Board, or in the case of any Member designated by the SAHSC Board, until the SAHSC Board makes a written request of the Chairperson of the UWHCA Board to remove such Member. Vacancies in the Compliance Committee shall be filled by the Chairperson of the UWHCA Board or by designation of the SAHSC, as applicable, in accordance with the committee composition requirements set forth in this charter.

In addition, the following UW Health executives shall be invited to participate in the meetings of the Compliance Committee: the UW Health Chief Compliance Officer; VP Revenue Cycle; System VP Deputy General Counsel, Legal Operations; VP Practice Plan; VP Human Resources; VP Chief Ambulatory Officer; Director, Advance Practice Provider; UWSMPH Department Administrator; Chief Information Security Officer; SAHS Program Director of Compliance & Privacy; and such other executives as the Compliance Committee may request from time to time.

3. Duties

The Compliance Committee’s responsibilities and oversight include UW Health (and subsidiary) compliance programs; privacy program and documentation, coding and billing compliance for federal payers. Duties include, but are not limited to, the following:

- Development, review, administration, and enforcement of UW Health’s internal controls, policies, procedures, and programs for maintaining compliance with applicable law and regulations.

- Development, review, administration, and enforcement of the UW Health Code of Conduct and all compliance related codes, policies, and procedures, and make recommendations for improving same.

- Provide annual board member education to UW Health boards as defined in this charter.

- Review the quarterly Compliance Dashboard with the UW Health Chief Executive Officer and Chief Administrative Officer.

- Prepare and review the annual Compliance Committee Report, the Business Integrity Department Work Plan, and the Compliance Plan to UWHCA, UWMF, SAHSC, and SAH Boards of Directors, including an evaluation of the Chief Compliance Officer.

- Review matters that impact UW Health’s compliance codes, policies and procedures and any reports or concerns raised by internal reviews, regulators or governmental agencies.

- Oversee the education, auditing and monitoring initiatives of UW Health’s Compliance Program and evaluate results based on predetermined objectives.
• Promote standards of ethical behavior within UW Health.

• Review, through the Compliance Committee Chairperson, any material compliance issues affecting UW Health raised by the Chief Compliance Officer.

• Obtain the advice and assistance of outside advisors as needed.

4. Authority

a. Professional Advisors. The Compliance Committee shall have the authority to engage independent legal, accounting, or other advisors as the Compliance Committee deems necessary or appropriate to carry out its responsibilities.

b. Investigations. The Compliance Committee shall have the authority to conduct or authorize investigations into any matters within the scope of its responsibilities. The Compliance Committee shall have the authority to direct any officer, employee, or advisor engaged by the Compliance Committee. The Compliance Committee may, in consultation with the UW Health Office of General Counsel, as appropriate, seek outside legal counsel if deemed reasonable when reviewing an internal Compliance investigation.

c. Expenses. The Compliance Committee shall have the authority to incur expenses that are reasonable and necessary to carry out its responsibilities. The Compliance Committee is empowered to cause UW Health to pay such expenses.

d. Coordination with Audit Committee. The Audit Committee and Compliance Committees shall coordinate, and share relevant information, reports, data, and other materials, as determined by the respective Committee Chairs to be necessary, to address any material issue that relate to any matters which relate to the respective areas of oversight and responsibility of the two Committees.

5. Meetings and Procedures

a. Meetings. The Compliance Committee shall meet as often as it deems necessary in order to perform its responsibilities but not less than quarterly.

b. Quorum. A majority of the members of the Compliance Committee members present in person or electronically (to the extent electronic participation is permitted) shall constitute a quorum for conducting business at a meeting.

c. Open Meetings Law. Meetings of the Compliance Committee shall be subject to the State of Wisconsin Open Meetings Law. The Compliance Committee may meet in closed executive session in accordance with the State of Wisconsin Open Meetings Law.

d. Manner of Acting. Compliance Committee decisions shall be made according to the following model, assuming a quorum is present: first by consensus; if a consensus cannot be
reached, then by a vote of a majority of the members of the committee present at the meeting; and finally in the case of a tie vote, the Chairperson of the UWHCA Board shall cast the tie-breaking vote after being provided with full information necessary for the evaluation and assessment of the pending issue.

e. Reports to the Board of Directors. The Compliance Committee shall report annually to provide the Annual Compliance Committee Report, the Business Integrity Department Work Plan, and the Compliance Plan to the UWHCA, UWMF, SAHSC, and SAH Boards of Directors.

The Chief Compliance Officer shall have a direct line of communication to the UW Health CEO and the UWHCA, UWMF, SAHSC, and SAH Boards as they deem necessary or appropriate to fulfill their duties and responsibilities.

6. Limitation of Duties

The Compliance Committee shall not have the authority to take any action that is inconsistent with the corporate governance documents of any UW Health entity or applicable law.