UWMF Board of Directors

October 27, 2021, 4:00 - 6:00 PM

WebEx: https://uwhealth.webex.com/uwhealth/j.php?MTID=m59a2ca06ba5451ba3d14f16627e3b226
Meeting number: 2620 396 7831 // Password: 102721

**ADVANCE MEETING MATERIALS ARE POSTED FOR REFERENCE. OCCASIONALLY, THE POSTED MATERIALS DO NOT REFLECT CHANGES MADE SHORTLY BEFORE OR DURING BOARD MEETINGS. THE FULL BOARD MINUTES ARE THE OFFICIAL RECORD OF FINAL BOARD ACTION**
UWMF Board of Directors - October 27, 2021 - Public Meeting Notice

4:00 PM
I. Call to Order
Dr. Alan Kaplan

4:01 PM
II. Consent Agenda
Dr. Alan Kaplan

Open Session Minutes from July 21, 2021

Attachment - UWMF Faculty Compensation Grievance Procedure Policy

Attachment - UWMF Board, Committee, Council Membership and Committee Chairs/Vice Chair

4:02 PM
III. Recognition of Service - Dr. John Frohna
Dr. Alan Kaplan

Resolution - In Recognition of the Service of Dr. John Frohna President, UW Medical Foundation, Inc.

4:07 PM
IV. COVID-19 Situational Update
Dr. Peter Newcomer
(Material will be provided in advance of meeting)

4:22 PM
V. UW Health Office of Business Integrity
Mr. Troy Lepien

Compliance Plan and FY 2022 Work Plan

(Request motion to approve FY22 Compliance Work Plan as endorsed by the UW Health Compliance Committee)

Presentation - Compliance Plan and FY 2022 Work Plan

Attachment - FY 2022 UW Health Compliance Work Plan

UW Health Compliance Plan (Updated)

(Request motion to approve the updated UW Health Compliance Plan as endorsed by the UW Health Compliance Committee)

Attachment - UW Health Compliance Plan (Redline)

4:37 PM
VI. 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 the following confidential matters, which for competitive reasons require a closed session: review and approval of closed session meeting minutes; discussion regarding UWMF Fee Schedule 2022; and discussion regarding Physician Compensation Plan Guidelines; pursuant to Wisconsin Statutes section 19.85(1)(e) and 146.38, for the review of the UW Health Office of Business Integrity 2021 Annual Report; and, pursuant to Wisconsin Statutes sections 19.85(1)(c) and 19.36(10), for review of the UW Health Chief Compliance Officer evaluation.

5:55 PM*
VII. Return to Open Session
(*Time noted is approximate)
<table>
<thead>
<tr>
<th>Time</th>
<th>Action</th>
<th>Approver</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:57 PM</td>
<td>VIII. ACTION: UWMF Fee Schedule 2022</td>
<td>Approval</td>
</tr>
<tr>
<td></td>
<td>Dr. Alan Kaplan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Motion to approve UWMF Fee Schedule 2022 as discussed in Closed Session)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Time noted is approximate)</td>
<td></td>
</tr>
<tr>
<td>5:58 PM</td>
<td>IX. ACTION: Physician Compensation Plan Guidelines</td>
<td>Approval</td>
</tr>
<tr>
<td></td>
<td>Dr. Alan Kaplan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Motion to approve Physician Compensation Plan Guidelines as presented in Closed Session)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(*Time noted is approximate)</td>
<td></td>
</tr>
<tr>
<td>5:59 PM</td>
<td>X. ACTION: Approval of FY21 UW Health Annual Corporate Compliance Report</td>
<td>Approval</td>
</tr>
<tr>
<td></td>
<td>Dr. Alan Kaplan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Motion to approve the UW Health FY21 Annual Corporate Compliance Report as discussed in Closed Session)</td>
<td></td>
</tr>
<tr>
<td>6:00 PM</td>
<td>XI. Adjourn</td>
<td>Approval</td>
</tr>
<tr>
<td></td>
<td>(*Time noted is approximate)</td>
<td></td>
</tr>
</tbody>
</table>
Attachment

UWMF Faculty Compensation Grievance Procedure Policy Update
EXECUTIVE SUMMARY

TO: UWMF Board of Directors  
FROM: Kelsie Doty, VP/Practice Plan, Chief Administrative Officer, UWMF  
DATE: October 27, 2021  
RE: UWMF Faculty Compensation Grievance Procedure Policy Update

The UWMF Faculty Compensation Grievance Procedure Policy (“Grievance Policy”) was last updated in 2018. In coordination with the Compensation Plan Guidelines Workgroups projects, the Grievance Policy was reviewed. Initial review and feedback of the Grievance Policy were received from the UWMF Compensation Development Committee (CDC) on May 4, 2021. UW Health Office of Corporate Counsel then reviewed and provided feedback of the Grievance Policy in July 2021. The final Grievance Policy was presented and endorsed by the CDC on August 3, 2021 and UWMF Executive/Governance Committee on September 15, 2021.

The 2021 Grievance Policy updates include terminology change from UWMF President to Chief Administrative Physician of the Practice Plan, the addition of the Department Compensation Committee in reviewing the grievance and an expansion of the process details included in the policy, including a timeframe for submitting grievances.

The CDC recommends to the UWMF Board of Directors approval of the UWMF Faculty Compensation Grievance Procedure Policy dated August 3, 2021.

Thank you.
UWMF Faculty Compensation Grievance Procedure Policy

August 3, 2021

The UWMF Compensation Development Committee (CDC) has the responsibility for all policies regarding the compensation of faculty by UWMF and related matters. In accordance with the UWMF Bylaws, each Compensation Plan shall include a process for resolving grievances that incorporates the process outlined in this policy to efficiently and fairly resolve grievances.

SCOPE OF GRIEVANCES

- This grievance procedure policy shall apply to issues involving the compensation plan.
- Grievances must be specific to the most recently completed fiscal year and must be raised to the Department by December 31st of the year the fiscal year ends (for example, if the fiscal year ends June 30, 2021, the grievance must be filed by 12/31/2021).
- If the griever wants to appeal any of the steps below, the griever must comply with the timelines provided by the applicable reviewer identified in each step, which shall be no fewer than 10 business days.

STEP 1
Griever shares grievance with the following individuals/committees:
1. Department Administrator
2. Department Chair
3. Department Compensation Committee

Note: For compensation plans that involve multiple clinical departments, the compensation plan will identify the equivalent leadership/committee titles that apply for the grievance process.

Details:
- The griever shall discuss the issue with the Department Administrator.
- If unresolved after meeting with the Department Administrator, the griever shall discuss the grievance with the Department Chair.
- If the issue remains unresolved, the griever shall raise the grievance with the Department Compensation Committee.
  - The griever must submit the “Faculty Compensation Grievance Form” to the Department Compensation Committee prior to the discussion.
  - The Faculty Compensation Grievance Form may be obtained from the Practice Plan Administration team.
- If unresolved by the Department Compensation Committee, the griever may proceed to Step 2.

STEP 2
Griever shares grievance with the following individuals:
1. UWMF Chief Administrative Physician of the Practice Plan
2. UWMF Chief Administrative Officer (CAO)
3. UWMF Compensation Development Committee (CDC) Chair
Details:
- If the grievance was not resolved in Step 1 and the griever wants to proceed, the griever shall discuss the issue in further detail with the UWMF Chief Administrative Physician, CAO, and the CDC Chair. The discussion may include a presentation by the griever.
- The Department leadership will also discuss the grievance with the UWMF Chief Administrative Physician, CAO, and the CDC Chair.
- If the grievance continues to be unresolved, the griever may proceed to Step 3.

STEP 3
Griever shares grievance with the following committee:
1. UWMF Compensation Development Committee (CDC)

Details:
- If the griever was not satisfied with the responses received in Step 3, or if the UWMF Chief Administrative Physician, CAO, or CDC Chair determine that committee review of the grievance is necessary, the issue be sent to the CDC for review.
- Prior to the CDC review, a written statement shall be submitted to the CDC Chair by each of the following:
  - The griever (using the “Faculty Compensation Grievance Form”);
  - The Department Administrator (using the “Faculty Compensation Grievance Form - Department”);
  - UWMF Chief Administrative Physician
- The griever shall present their grievance to the committee. The presentation may occur in person, by phone, or by video at the discretion of the committee.
- The Department leadership shall present their position to the committee. The presentation may occur in person, by phone, or by video at the discretion of the committee.
- The CDC will make a recommendation regarding resolution of the grievance.
- The griever may appeal the CDC’s recommendation to the UWMF Executive Committee in accordance with Step 4.
- The CDC may also escalate the review of the grievance to the UWMF Executive Committee in accordance with Step 4.

STEP 4
Review is Conducted By:
1. UWMF Executive Committee

Details:
- If UWMF Executive Committee review is recommended by the CDC, or if the griever appeals the recommendation of the CDC, the CDC will forward the issue to the UWMF Executive Committee for review.
- The documents previously submitted to the CDC, along with its recommendation, shall be submitted for consideration by the UWMF Executive Committee.
- The UWMF Executive Committee review will not include attendance by the griever or the Department leadership.
- Any UWMF Executive Committee member who is also a faculty member of the affected department will not participate in the grievance consideration.
- The UWMF Executive Committee may request additional information from the CDC at any point in the review process.
- The UWMF Executive Committee’s decision will be final with no further appeal.
- The UWMF Executive Committee’s final decision shall be reported to the CDC and the Practice Plan Administration, who will inform the griever and the Department of the decision.
**STEP 5**
**Resolution Reported To:**
1. UWMF Compensation Review Committee (CRC)
2. UWMF Board of Directors

**Details:**
- The CDC shall report any grievance resolutions to the CRC as part of the Annual Report process.
- The CRC shall report any grievance resolutions to the UWMF Board of Directors as part of the Annual Report process.
Attachment

UWMF Board, Committee, Council Membership and Committee Chairs/Vice Chair
The UWMF Executive / Governance Committee met Wednesday, October 13, 2021 to review and recommend forwarding the following individuals for UWMF Board, Committees and Council Membership and Committee Chairs and Vice Chair.

---

**UWMF Committee Chairs and Vice Chair**  
**UW Health Council Chairs and Vice Chair [FYI Only]**

---

**UWMF Compensation Development Committee**  
Dr. Cristopher Meyer  
01/01/22 – 12/31/23 Committee Chair  
Extend Committee Chair Term

Dr. J. Carter Ralphe  
01/01/22 – 12/31/22 Committee Vice Chair  
Extend Committee Vice Chair Term

---

**UWMF Compensation Review Committee**  
Mr. Ron Anderson  
01/01/22 – 12/31/23 Committee Chair  
Extend Committee Chair Term

---

**UWMF Finance Committee**  
Dr. Makeba Williams  
01/01/22 – 12/31/23 Committee Chair  
Extend Committee Chair Term

---

**UW Health Council of Chairs [FYI Only]**  
Dr. Beth Drolet  
01/01/22 – 12/31/23 Council Chair  
Council Members Nominate

---

**UW Health Council of Faculty [FYI Only]**  
Dr. Jamie Hess  
11/1/2021 – 06/30/24 Council Chair  
Council Members Nominate

*Due to mid-term CoF Chair resignation, the current CoF Vice Chair will complete the remainder of the former CoF Chair term as well as their own CoF Chair 2-year-term.*

Vacant  
12/1/2021 – 06/30/24 Council Vice Chair  
Council Members Nominate

*Due to mid-term CoF Chair resignation, the current CoF Vice Chair will complete the remainder of the former CoF Chair term as well as their own CoF Chair 2-year-term. Request for self-nominations for the open CoF Vice Chair position has been sent. The selected CoF Vice Chair will complete the remainder of the former’s CoF Vice Chair term as well as their own CoF Vice Chair 2-year-term.*
UWMF Board, Council and Committee Memberships Terms
(Faculty Reps – Nominated or Self-Nominated – Selected by UWMF Executive / Governance Committee)

**UWMF Board of Directors**

<table>
<thead>
<tr>
<th>Name</th>
<th>Term</th>
<th>Role</th>
<th>Nominating Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Ron Anderson</td>
<td>01/01/22 – 12/31/24</td>
<td>Public Board Director</td>
<td>Public Board Directors Nominate</td>
</tr>
<tr>
<td>Dr. Jamie Hess*</td>
<td>11/1/2021 – 06/30/24</td>
<td>UWMF Corporate President</td>
<td>Council of Faculty</td>
</tr>
<tr>
<td>Dr. Sarah McAchran</td>
<td>01/01/22 – 12/31/24</td>
<td>Faculty Director</td>
<td>Full Faculty Vote Determines</td>
</tr>
<tr>
<td>Dr. Kelly McQueen</td>
<td>01/01/22 – 12/31/24</td>
<td>Department Chair Director</td>
<td>Department Chairs Nominate</td>
</tr>
<tr>
<td>Dr. Rebecca Minter</td>
<td>10/29/21 - 12/31/22</td>
<td>Department Chair Director</td>
<td>Department Chairs Nominate</td>
</tr>
<tr>
<td>Dr. Stephen Nakada</td>
<td>01/01/22 – 12/31/24</td>
<td>Department Chair Director</td>
<td>Department Chairs Nominate</td>
</tr>
</tbody>
</table>

*UWMF Corporate President and UWMF Board of Directors Vice Chair [FYI Only]*

<table>
<thead>
<tr>
<th>Name</th>
<th>Term</th>
<th>Role</th>
<th>Nominating Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jamie Hess</td>
<td>11/1/2021 – 06/30/24</td>
<td>UWMF Board Vice Chair</td>
<td>Ex-Officio</td>
</tr>
</tbody>
</table>

Due to mid-term Council of Faculty (CoF) Chair resignation, the current CoF Vice Chair will complete the remainder of the former CoF Chair term as well as their own CoF Chair 2-year-term. Per the UWMF Bylaws, the CoF Chair serves as President, UWMF and is ex-officio voting member of the UWMF Board of Directors as well as Vice Chair, UWMF Board of Directors.

**UWMF Compensation Development Committee**

<table>
<thead>
<tr>
<th>Name</th>
<th>Term</th>
<th>Role</th>
<th>Nominating Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Ron Anderson</td>
<td>01/01/22 – 12/31/24</td>
<td>Public Board Director</td>
<td>Public Board Directors Nominate</td>
</tr>
<tr>
<td>Ms. Kim Beld</td>
<td>01/01/22 – 12/31/24</td>
<td>UWSMPH DA Rep</td>
<td>UWSMPH Clinical DAs Nominate</td>
</tr>
<tr>
<td>Dr. Michael Bentz</td>
<td>01/01/22 – 12/31/24</td>
<td>Faculty Rep</td>
<td>Additional 3 Year Term</td>
</tr>
<tr>
<td>Dr. Paul DiMusto</td>
<td>01/01/22 – 12/31/24</td>
<td>Faculty Rep</td>
<td>Additional 3 Year Term</td>
</tr>
<tr>
<td>Dr. Dobie Giles</td>
<td>01/01/22 – 12/31/24</td>
<td>Faculty Rep</td>
<td>Additional 3 Year Term</td>
</tr>
<tr>
<td>Dr. Cristopher Meyer</td>
<td>01/01/22 – 12/31/24</td>
<td>Faculty Rep</td>
<td>Additional 2 Year Term</td>
</tr>
<tr>
<td>Dr. Sarah Nehls</td>
<td>01/01/22 – 12/31/24</td>
<td>Faculty Rep</td>
<td>Additional 3 Year Term</td>
</tr>
<tr>
<td>Dr. Deborah Rusy</td>
<td>01/01/22 – 12/31/24</td>
<td>Faculty Rep</td>
<td>Additional 3 Year Term</td>
</tr>
<tr>
<td>Dr. Michael Tuite</td>
<td>01/01/22 – 12/31/24</td>
<td>Faculty Rep</td>
<td>New 3 Year Term</td>
</tr>
<tr>
<td>Dr. Jennifer Weiss</td>
<td>01/01/22 – 12/31/24</td>
<td>Faculty Rep</td>
<td>New 3 Year Term</td>
</tr>
<tr>
<td>Dr. Daniel Williams</td>
<td>01/01/22 – 12/31/24</td>
<td>Faculty Rep</td>
<td>New 3 Year Term</td>
</tr>
</tbody>
</table>

**UWMF Compensation Review Committee**

(Ex-Officio Membership and Term Coincides with Membership and Term of UWMF Board of Directors)

<table>
<thead>
<tr>
<th>Name</th>
<th>Term</th>
<th>Role</th>
<th>Nominating Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Ron Anderson</td>
<td>01/01/22 – 12/31/24</td>
<td>Public Board Director</td>
<td>Ex-Officio Membership</td>
</tr>
</tbody>
</table>

**UW Health Council of Faculty**

<table>
<thead>
<tr>
<th>Name</th>
<th>Term</th>
<th>Specialty</th>
<th>Term Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jonathan Fliegel</td>
<td>01/01/22 – 12/31/24</td>
<td>Pediatrics</td>
<td>New 3 Year Term</td>
</tr>
<tr>
<td>Dr. Bethany Howlett</td>
<td>01/01/22 – 12/31/24</td>
<td>Family Medicine &amp; Comm Health</td>
<td>New 3 Year Term</td>
</tr>
<tr>
<td>Dr. Thomas Keenan</td>
<td>01/01/22 – 12/31/24</td>
<td>Dermatology</td>
<td>New 3 Year Term</td>
</tr>
<tr>
<td>Dr. Kristina Matkowskyj</td>
<td>01/01/22 – 12/31/24</td>
<td>Pathology &amp; Lab Medicine</td>
<td>Additional Term</td>
</tr>
<tr>
<td>Dr. Sarah McAchran</td>
<td>01/01/22 – 12/31/24</td>
<td>Faculty Director/Urology</td>
<td>Ex-Officio/Additional Term</td>
</tr>
<tr>
<td>Dr. Stephen Sauer</td>
<td>01/01/22 – 12/31/24</td>
<td>Ophthalmology &amp; Visual Sciences</td>
<td>Additional 3 Year Term</td>
</tr>
<tr>
<td>Dr. Marcia Slattery</td>
<td>01/01/22 – 12/31/24</td>
<td>Psychiatry</td>
<td>Additional 3 Year Term</td>
</tr>
</tbody>
</table>
### UWMF Executive / Governance Committee

**Mr. George Kamperschroer**
- **01/01/22 – 12/31/23**
- Public Director
- Public Directors Nominate

______
- **01/01/22 – 12/31/23**
- Department Chair Director
- Chair Directors Nominate

______
- **01/01/22 – 12/31/23**
- Department Chair Director
- Chair Directors Nominate

______
- **01/01/22 – 12/31/22**
- Faculty Director
- Faculty Directors Nominate

[To complete Dr. J. Carter Ralphe’s term]

### UWMF Finance Committee

**Dr. Christie Bartels**
- **01/01/22 – 12/31/24**
- Faculty Rep
- New 3 Year Term

**Mr. Jerome Garrett**
- **01/01/22 – 12/31/24**
- UWSMPH DA Rep
- UWSMPH Clinical DAs Nominate

**Dr. David Jarrard**
- **01/01/22 – 12/31/24**
- Faculty Rep
- Additional 3 Year Term

**Dr. Russell Lemmon**
- **01/01/22 – 12/31/22**
- Faculty Rep
- New 1 Year Term

**Dr. Jonathan Swanson**
- **01/01/22 – 12/31/23**
- Faculty Rep
- New 2 Year Term

**Dr. Lee Wilke**
- **01/01/22 – 12/31/24**
- Faculty Rep
- Additional 3 Year Term

**Dr. Makeba Williams**
- **01/01/21 – 12/31/23**
- Faculty Rep
- Added 1 Year to Term

**Dr. Wei Zhang**
- **01/01/22 – 12/31/24**
- Faculty Rep
- New 3 Year Term

### UWMF Retirement Plan Committee

*After the UWMF Board Director Membership is Determined*

______
- **01/01/21 – 12/31/23**
- UWMF Board Director
- Board Directors Nominate

**Dr. Zachary Borden**
- **01/01/22 – 12/31/24**
- Faculty Rep
- Additional 3 Year Term

**Dr. Sancia Ferguson**
- **01/01/22 – 12/31/24**
- Faculty Rep
- New 3 Year Term

**Dr. Jeffrey Huebner**
- **01/01/22 – 12/31/24**
- Faculty Rep
- Additional 3 Year Term

**Dr. Sanjeev Jain**
- **01/01/22 – 12/31/24**
- Faculty Rep
- New 3 Year Term

**Ms. Rachel Kulow**
- **01/01/22 – 12/31/24**
- UWSMPH DA Rep
- UWSMPH Clinical DAs Nominate

**Ms. Jessica Webster**
- **01/01/22 – 12/31/24**
- UWMF Employee Rep
- Additional 3 Year Term

______
- **01/01/22 – 12/31/24**
- UWMF Employee Rep
- Additional/New 3 Year Term
Resolution

In Recognition of the Service of Dr. John Frohna
President, UW Medical Foundation, Inc.
RESOLUTION OF
THE BOARD OF DIRECTORS OF
THE UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION, INC.

In Recognition of the Service of Dr. John Frohna
President, UW Medical Foundation, Inc.

October 27, 2021

WHEREAS, Dr. John Frohna (“Dr. Frohna”) has served with distinction, dedication and
unwavering loyalty as President of University of Wisconsin Medical Foundation, Inc.
(“UWMF”) from July 1, 2020 through October 31, 2021; and

WHEREAS, Dr. Frohna served as Vice Chair, UWMF Board of Directors; Chair, UW
Health Council of Faculty; and a member of numerous committees including UW Health Patient
Safety and Quality Committee, UWMF Compensation Development Committee, UWMF
Executive/Governance Committee, UWMF Finance Committee, and UWMF Retirement Plan
Committee; and

WHEREAS, Dr. Frohna’s work in improving collaboration and communication between
the UW Health Council of Chairs and UW Health Council of Faculty, streamlining and
enhancing UWMF nomination and election processes, providing a consistent and optimistic
conduit for our clinicians to communicate; and

WHEREAS, Dr. Frohna’s work in engaging the Council of Faculty in developing
equitable organizational policy and facilitating the Council’s role as a conduit to their
departmental faculty; and

WHEREAS, Dr. Frohna is an honored and trusted friend and has served UW Health in
ture fulfillment of its mission, vision and values;

NOW, THEREFORE BE IT RESOLVED, that UWMF Board of Directors and the
management of UW Health extend their heartfelt gratitude to Dr. Frohna for his leadership,
exemplary work and loyal support as President of UWMF.
UWMF
Board of Directors
UW Health Business Integrity

October 27, 2021
UWMF Board of Directors

Compliance Plan

- Provides Governance & Structure
- Change
  - Separation of the Compliance Committee from Audit Committee
  - Addition of the Isthmus Project
Work Plan

- Strategic Objectives
  - Cybersecurity Hygiene
  - Enterprise Conflict of Interest
- Follows the OIG HCCA Measuring Compliance Program Effectiveness
  - Compliance Program Administration
  - Standards, Policies, and Procedures
  - 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 Program Administration

- Administrative
  - Compliance Committee composition and attendance
  - American Hospital Association’s (AHA) Chief Compliance Officer (CCO) Roundtable.
  - Annual Report

- Benchmarking
  - AHA CCO Compliance Benchmark and Measures Survey
  - Evaluate current staffing and structure
Standards, Policies, and Procedures

- Code of Conduct
  ✓ Reading Level Assessment & Annual Review/Signature
- Drug Diversion
  ✓ Standard Process
- Privacy & Cybersecurity
  ✓ Policy Review,
  ✓ 2 New Policies,
  ✓ Paging Review
- Revenue Cycle Processes
  ✓ Research Billing Process,
  ✓ Critical Care Billing
- Enterprise Conflict of Interest
  ✓ Implementation of New Policy
Screening & Evaluation

- Administrative Activities:
  - Board of Directors, Employees, Providers, and Volunteers.
- Privacy & Cybersecurity:
  - Survey & Audit High-Risk Business Associates
- System Conflict of Interest Process:
  - Joint Provider Conflict of Interest Process
  - Open Payment Review.
- Contracting Process:
  - Contract Templates Regarding Disclosure of Exclusion.
  - Addition of Vendor IT Security and Privacy provisions
Communication, Education, & Training

- Annual Training:
  -✓ Complete annual compliance training
  -✓ Pretest option
- New Employee Orientation
  -✓ Complete NEO
  -✓ Restructure NEO’s compliance and cybersecurity section
- Privacy & Cybersecurity:
  -✓ Development of Cybersecurity Hygiene education program
  -✓ Quarterly privacy and cybersecurity informational update
- System Conflict of Interest Process:
  -✓ Training Program for New Conflict of Interest for Providers.
Monitoring, Auditing, and Internal Reporting Systems

- Annual Audits
  ✓ Systematic Audits
  ✓ Focused Audits
  ✓ External Audit
  ✓ Research Billing
  ✓ Pharmacy
  ✓ Hotline Monitoring
  ✓ Conflict of Interest
- For Cause Audit
UWMF Board of Directors

- **Discipline for Non-Compliance**
  - Continue Quarterly Discipline Reviews with Human Resources
  - Review Promotion and Annual Evaluations and Integration of Compliance Concerns

- **Investigation and Remedial Measures**
  - Drug Diversion Processes:
    - Develop standard process for the investigation and elevation
  - Privacy and Cybersecurity:
    - Cybersecurity Threat & Escalation Process
  - System Conflict of Interest Process:
    - Establish Interaction With Industry/Provider COI Committee.
    - Inventory of Items/Services Given to Patients & Develop Standard Guidelines and Escalation Process
Questions?
Fiscal Year 2022
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: ................................................................................ 4

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 ......................................................................................... 7

VIII. Investigation and Remedial Measures .............................................................................. 8

IX. Conclusion .......................................................................................................................... 8
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 2022 but will be updated quarterly based on the identified risk of UW Health. The Business Integrity Office moved to these quarterly updates due to the fluidity of the regulatory environment. This structure allows the Office more mobility to address the risks that emerge and communicate with the UW Health Compliance Committee. In addition, the use of a quarterly work plan coincides with the work of the Enterprise Risk Management Workgroup and will allow greater collaboration.

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

Two emphases of this Work Plan will be cybersececurity hygiene and enterprise conflict of interest. Projects relating to these two subjects will be seen in each section of the Work Plan.

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, 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. Due to the ever-changing regulatory environment, work plans are often altered to address new risks that need immediate attention.

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. Administrative Activities
   1. Update and maintenance of the Integrated UW Health Compliance Plan, including review and approval by the Compliance Committee and the Audit Committee. All material changes will be forwarded to the UWMF and UWHCA Board of Directors for review and approval.
   2. Finalize a new Service Now database to efficiently store and track administrative policies.

B. Code of Conduct
   1. Evaluate the Code of Conduct reading level.
   2. Ensure the Code of Conduct is reviewed and signed by all employees and providers annually.

C. Drug Diversion Processes:
   1. Develop a departmental policy and standards that outlines the Drug Diversion Investigation and reporting process.

D. Privacy & Cybersecurity:
   1. The Business Integrity’s Privacy Department will work with Internal Audit, and Information System’s Security Department to assess the current UW Health Cybersecurity policies and procedures for any gaps or holes.
   2. Draft and implement a Data Classification Policy.
   3. Draft and implement Email Transmission of Sensitive or Restricted Data Policy.
   4. Review and implement standards for communicating PHI including paging.

E. Revenue Cycle Processes
   1. Work jointly with Revenue Cycle to Draft Standard Operating Procedures for Research Billing. This will be a multiyear project.
   2. Review and evaluate the current Critical Care Billing policy and ensure it is appropriate.

F. Enterprise Conflict of Interest Process:
   1. Implement the new Providers Interaction with Industry Policy (Conflict of Interest Policy for Providers).
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. Administrative Activities:
   1. Review Compliance Committee composition and attendance with Compliance Committee Chair.
   2. Compliance Committee provider input into the Compliance Office’s performance evaluation.
   3. Join the American Hospital Association’s (AHA) Chief Compliance Officer (CCO) Roundtable.
   4. Draft of Annual Report to be reviewed and approved by the UW Health Compliance Committee and presented to the Audit Committee and the UWHCA and UWMF Board of Directors.
   5. Survey the use of UW Health Reporting Line to ensure staff’s knowledge of this reporting mechanism, how to contact the Business Integrity Office, and non-retaliation.
   6. Expand the current physician and coder audit tracking database to be more comprehensive and include trending reports.

B. Benchmarking Activities:
   1. Participate in the AHA CCO Compliance Benchmark and Measures Survey.
   2. Evaluate current staffing and structure of the Business Integrity Office against the AHA Benchmarks 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. Administrative Activities:
1. Continue to monitor the current processes and frequency for exclusion screening for Board of Directors, employees, providers, and volunteers.

B. Privacy & Cybersecurity:
   1. Continue surveying high-risk business associates and evaluating their compliance with privacy and security requirements.

C. System Conflict of Interest Process:
   1. Jointly implement a new provider conflict of interest process with the SMPH’s Dean’s Office, and the Office of Corporate Counsel. This new process will take the place of the old Interactions with Industry process.
   2. Draft and implement a process for Open Payment review.

D. Contracting Process:
   1. Evaluate current contract templates and contracts to ensure that there is language regarding disclosure of exclusion.

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. Annual Training:
   1. Continue to complete annual compliance training for all employees and the Board of Directors.
   2. Develop and Implement a pretest option for compliance and privacy testing. This option would show proficiency in the subject matter and would require individual to review sections they did not fully understand.

B. New Employee Orientation
   1. Continue to complete new employee and provider orientations.
   2. Work with the Human Resources Department to restructure the compliance and cybersecurity section of New Employee Education.

C. Privacy & Cybersecurity:
1. Work with Information Systems Department to develop a cybersecurity hygiene education program. This program 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. Develop a Quarterly privacy and cybersecurity informational update to key stakeholders to distribute during their team huddles.

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

D. Revenue Cycle Processes

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

E. System Conflict of Interest Process:

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

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, 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 the Revenue Cycle Department. In addition, this section of the Work Plan and the OIG guidance include the establishment of confidential reporting mechanisms such as a hotline.

A. Audit Plan:

1. Annual Audits: All Systematic audits will be adjusted in scope and duration based on the risk to UW Health. These audits will include SAHS.

   a. Provider Services: The Business Integrity Office, Professional Services Office completes reviews of physicians and advanced practitioner-based services. These reviews focus on the documentation, coding, and billing of these services. The provider audits will include SAHS 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. Examples of outliers include high levels of evaluation and management services, number of hours billed, and modifier usage.

   b. Coder Audits: The Professional Services Office performs annual reviews of the proficiency and accuracy of the Professional Coding staff. The Facility Coding staff are reviewed by an external consultant.

   c. HIPAA Audits: The Privacy Office completes systematic audits as follows:

      i. Quarterly Reports of employees who had recent clinic, emergency department, and inpatient visits.
ii. Monthly Reports of demographics (e.g. same last name, same address, emergency contact, etc.) access, for outside organizations with access to Health Link.

iii. Security Risk Assessments of areas that hold Protected Health Information will be performed by external consultants. These results and recommendations will be jointly overseen by the Business Integrity Office and Information Systems Security Office.

2. **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.

3. **External Audits**: UW Health receives routine audits from external Federal and State Agencies. The Business Integrity Office coordinates the response to these audits.

4. **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 do two audits per quarter.

5. **Pharmacy Auditing**: Continue drug diversion surveillance and auditing programs and creating an oversight plan with the Drug Diversion Prevention and Oversight Task Force. The Business Integrity Office will work with the Pharmacy Department to implement a new surveillance software. In addition, the Business Integrity will work with Pharmacy Department to create an oversight and auditing function for the new UW Health 340B Program.

6. **Hotline**: UW Health 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. The Business Integrity Office reserves this section as a placeholder for resources to complete these ad hoc projects.

7. **Conflict of Interest Monitoring**: Continue to monitor the annual reporting of Board Members, Key Employees, and staff. Reinstate a provider Interactions with Industry process housed with Business Integrity and implemented in collaboration with the Office of General Counsel and UW Madison School of Medicine and Public Health. This monitoring will include downloading and analyzing of the Sunshine Act data.

B. **For-Cause Audits**: These audits are normally requested by a department or individual and are not planned at the beginning of the audit year. This entry in the Work Plan is to serve as a placeholder for resources to complete these ad hoc projects. Due to the increased cybersecurity risk there will be increased need and frequency for this category of auditing. It will also affect the other planned work due to resource constraints.

**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. Continue quarterly meetings with Department of Human Resources reviewing disciplinary action for compliance issues and consistent discipline action.

B. Work with Department of Human Resources to review promotion of staff and how non-compliance is evaluated into this process.

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. Drug Diversion Processes:
   1. Develop standard process for the investigation and elevation of Drug Diversion Investigations and reporting process.

B. Privacy and Cybersecurity:
   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.

C. System Conflict of Interest Process:
   1. Establish a 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.
   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.

IX. Conclusion

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

| I. INTRODUCTION | 12 |
| II. THE COMPLIANCE PROGRAM STRUCTURE | 12 |
| III. MAINTENANCE OF COMPLIANCE PLAN | 23 |
| IV. DEVELOPMENT OF COMPLIANCE WORK PLANS & ANNUAL REPORTS | 34 |
| V. STANDARDS, POLICIES, AND PROCEDURES | 34 |
| V. SCREENING AND EVALUATION OF EMPLOYEES, MEDICAL STAFF, VENDORS, & OTHER AGENTS | 45 |
| IX. EDUCATION, AND TRAINING | 45 |
| X. MONITORING, AUDITING AND INTERNAL REPORTING | 56 |
| XIV. EFFECTIVE LINES OF COMMUNICATION | 56 |
| XV. DISCIPLINE FOR NON-COMPLIANCE | 67 |
| XVI. INVESTIGATIONS AND REMEDIAL MEASURES | 67 |

Updated June 2021
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 Generations Fertility Care, InnTowner, LLC., Isthmus Project, Inc., Madison Surgery Center, Transformations Surgery Center, Wisconsin Sleep 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. Audit and Compliance Committees: The UW Health Audit and Compliance Committees are sub-committees of the UWHC Authority Board of Directors. This Committees will provide guidance and oversight for all aspects of the Compliance Program. The Committee’s primary duties and responsibilities are to:
1. 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;
2. Review the Compliance Officer’s Bi-Annual Compliance Committee Report to the UW Health Compliance Plan to the UW Health Audit and Compliance Committees, and Business Integrity staff.
3. Oversee the education, auditing and monitoring initiatives of UW Health’s Compliance Program and evaluate results based on predetermined objectives;
4. Promote standards of ethical behavior within UW Health;
5. Review through its chair any material compliance issues affecting the organization raised by the Chief Compliance Officer;
6. Obtain the advice and assistance of outside advisors as needed.

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 Officer (CIO) and is supported by the UW Health Audit and Compliance Committees, and Business Integrity staff. The Chief Compliance Officer has a direct line of communication to the UW Health CEO and the UWHCA and UWMF 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 these Committees shall submit to the CEO and COO a quarterly report regarding Compliance Program activities. This report can be provided to the CEO during the quarterly UW Health Audit Committee meetings.

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. The UW Health Reporting Line number is (608) 821-4130 or (888) 225-8282 (toll-free). Employees may also submit questions and concerns through the internet at Compliance Issue Report i.e. https://uconnect.wisc.edu/applications3/emailforms/form.jsp?ef=99.

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 Audit and Compliance Committees have 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.

All changes to the Compliance Plan will be reviewed and approved by the UW Health Audit and Compliance Committees prior to implementation. All material changes will be forwarded to the UWHCA and UWMF Board of Directors for review.

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

The development of an annual Work Plan assists the Business Integrity Office, Compliance Committees, 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 Audit and Compliance Committees 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 Committees 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 request. This Work Plan will be provided to the UWHCA and UWMF Board 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 Audit and Compliance Committees and the Chief Operating Officer for review. A summary of this report will be provided to the UWHCA and UWMF Board 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 development 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.

V. 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.

IX. 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.

**X. 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.

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/applications3/emailforms/form.jsp?ef=99

**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.