UWHCA Board of Directors

February 23, 2023, 1:30 - 4:30 PM

https://uwhealth.webex.com/uwhealth/j.php?MTID=m0464a928ed5dc3c622c8d46a0ecb361c
Meeting Number: 2621 297 9781 // Password: 022323

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UWHCA Board of Directors - February 23, 2023 - Public Meeting Notice

Agenda

1:30 PM

I. Call to Order
Mr. Paul Seidenstricker

1:30 PM

II. Consent Agenda
Mr. Paul Seidenstricker
Approval

Meeting Minutes - Open Session

Medical Staff Membership and Clinical Privileges

Attachment - Medical Staff Memberships and Clinical Privileges - February 2023

UW Health Administrative Policy 2.33 Patient Billing and Collections

Executive Summary - UW Health Administrative Policy 2.33 Patient Billing and Collections

Attachment - UW Health Administrative Policy 2.33 Patient Billing and Collections - REDLINE

Attachment - UW Health Administrative Policy 2.33 Patient Billing and Collections - CLEAN

1:32 PM

III. UW Health Financial Report
Mr. Robert Flannery, Ms. Jodi Vitello

Presentation - UW Health Financial Results - January 31, 2023

1:42 PM

IV. Graduate Medical Education (GME) Annual Institutional Report and Institutional Statement
Dr. Susan Goelzer

Presentation - Graduate Medical Education Annual Institutional Review 2021-2022

2:02 PM

V. UW Health Business Integrity
Mr. Troy Lepien

Presentation - UW Health Business Integrity
Attachment - UW Health Code of Conduct

Attachment - UWHCA Board of Directors Conflict of Interest Policy

2:17 PM

VI. Closed Session

Motion to enter into closed session pursuant to Wisconsin Statutes section 19.85(1)(e), for the discussion of the following confidential strategic matters, which for competitive reasons require a closed session: review and approval of closed session minutes; discussion of UW Health Strategy including market overview, trend radar, and SWOT rankings; strategic partnerships; UW Health Workforce review and update; CEO perspective on system strategy; pursuant to Wisconsin Statutes section 146.38 for the review and evaluation of health care services including but not limited to discussion of Patient Safety and Quality Committee presentation regarding 2022 HERO Patient Safety Summary; pursuant to Wisconsin Statutes sections 19.85(1)(c) and 146.38 to review the services of health care providers, including a medical staff matter; and pursuant to Wisconsin Statutes section 19.85(1)(g), to confer with legal counsel regarding these and other matters.
VII. Adjourn
The Medical Board, upon the recommendation of the Credentials Committee, recommends approval of the following new applications, additional privileges, biennial reappointments and status changes for the medical staff and other providers requesting professional privileges for practice at UWHC. All of the recommended actions have been reviewed in accordance with the Medical Staff Bylaws. The credentials of all new applicants have been verified. All persons listed below meet the standards of the medical staff for the membership and privileges recommended.

Credentials Committee: February 6, 2023
Medical Board: February 9, 2023

Michael Peterson, MD
Chair of Medical Board & President of Medical Staff

The following actions were endorsed by the UWHC Credentials Committee and are recommended to the Medical Board for approval/action.

New Applications—Medical Staff

Nathanael D. Benassi, DDS, Active Staff
Department of Surgery/Plastic
• GENERAL DENTAL PRIVILEGES - including performance of history and physical.
• operative restorations
• prosthetic replacement of teeth
• minor pre-prosthetic surgery
• treatment of minor infections
• removal of minor benign lesions
• biopsy
• uncomplicated extractions
• extraction of simple tissue impacted teeth
• conventional endodontics
• treatment of traumatic dental injuries
• treatment of minor intraoral wounds
• dental prophylaxis and root planing
• extraction of complex impacted teeth
• gingivectomy/gingivoplasty
• implants
• PEDIATRIC DENTISTRY CORE PRIVILEGES - including performance of history and physical.
• general dental core privileges
• interceptive orthodontics
• behavioral, physical and pharmacologic (non-parenteral) management for patients unable to cooperate

Michael Berkenbush, MD, Active Staff
Department of Emergency Medicine (Med Flight)
• Emergency Medicine Core Privileges: Privileges to evaluate including performance of H&P, diagnose, and treat patients presenting with any illness, injury, condition or symptom to the Emergency Department. These privileges include, but are not limited to, moderate sedation for all populations; lumbar puncture; thoracentesis; paracentesis; central line placement; intubation and emergency airway management; emergency cardioversion; repair of soft tissue injuries; management of closed fractures; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.
• Deep Sedation—Adults (13 years and older)

Bonnie S. Brown, MD, Active Staff
Department of Family Medicine and Community Health

- Family Medicine Adult Core Privileges: Physicians granted these privileges shall be able to care for patients with more complicated medical problems. If a diagnosis cannot be established after reasonable investigation, or if there is a serious threat to a patient’s life, consultation shall be obtained. Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide treatment to adult patients with general medical problems. These privileges include, but are not limited to, sputum examination; evaluation and treatment of uncomplicated fractures; endocervical polyp removal/biopsy; intrauterine device (IUD) insertion; punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion; soft tissue infection; liquid nitrogen cryosurgery of the skin or other appropriate lesion; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Family Medicine Pediatric Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide non-surgical treatment to pediatric patients without major complications or serious life threatening disease. These privileges include, but are not limited to, the care of normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Grace C. Devadas, MD, Active Staff

Department of Medicine/General Internal Medicine

- Internal Medicine/Intermediate Care Core Privileges: Privileges to evaluate including performance of H&P, diagnose, consult and treat adult patients with medical illnesses in the outpatient setting (General Internal Medicine clinic). Includes lumbar puncture, thoracentesis, paracentesis, diagnostic or therapeutic joint aspiration/injection, endometrial biopsy, endocervical polyp removal/biopsy, intrauterine device (IUD) insertion, punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion, soft tissue infection, liquid nitrogen cryosurgery of the skin or other appropriate lesion, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows, and others in training.

Joel E. Gordon, MD, Active Staff

Department of Family Medicine and Community Health/General

- Family Medicine Adult Core Privileges: Physicians granted these privileges shall be able to care for patients with more complicated medical problems. If a diagnosis cannot be established after reasonable investigation, or if there is a serious threat to a patient’s life, consultation shall be obtained. Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide treatment to adult patients with general medical problems. These privileges include, but are not limited to, sputum examination; evaluation and treatment of uncomplicated fractures; endocervical polyp removal/biopsy; intrauterine device (IUD) insertion; punch biopsy of the skin, percutaneous needle biopsy of a breast mass or skin lesion; soft tissue infection; liquid nitrogen cryosurgery of the skin or other appropriate lesion; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Family Medicine Pediatric Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide non-surgical treatment to pediatric patients without major complications or serious life threatening disease. These privileges include, but are not limited to, the care of normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

Douglas G. Olk, MD, Active Staff

Department of Pediatrics/Urgent Care

- Pediatric Major Care Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide care for infants, children and adolescents with complex problems or severe illnesses, including those that are potentially life-threatening. These privileges also include care of patients via telemedicine. These privileges include, but are not limited to, lumbar puncture; peripheral arterial puncture; peripheral venous puncture; neonatal circumcision; intubation; suprapubic bladder tap in the care of newborn infants greater than 2000 grams; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and pH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

- Pediatrics/NICU Hospitalist Core Privileges: Under the supervision of a Neonatologist, privileges include performance of H & P, diagnose, consult and manage premature & critically ill neonatal patients and ill newborns through 6 months of life. These privileges include but are not limited to the following core procedures: arterial lines insertion; umbilical catheter insertion (arterial or venous catheter); endotracheal tube placement/intubation; PICC insertion; and thoracentesis. This care is provided in inpatient settings.

- Chest tube insertion and removal

Sandra L. Pahnke, PsyD, Clinical Psychology

Department of Psychiatry

- Psychological testing: adults
Individual psychotherapy: adult
Group therapy
Psychoeducational counseling

Anil Prasad Rama Rao, MD, Active Staff
Department of Pathology and Lab. Medicine
- Clinical Pathology Core Privileges: Privileges in clinical pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of clinical laboratory tests on body fluids and secretions. These privileges also include care of patients via telemedicine. These privileges include supervision of residents, fellows and others in training. These privileges also include performance of duties via telemedicine.
- Anatomic Pathology Core Privileges: Privileges in anatomic pathology include provision of consultation to physicians for diagnosis exclusion, and monitoring of disease utilizing information gathered from examination of tissue specimens, cells and body fluids and performance of autopsies. These privileges also include performance of duties via telemedicine. These privileges include supervision of residents, fellows and others in training.
- Fine needle aspiration

Molly E. Raske, MD, Active Staff
Department of Radiology/Pediatric Imaging
- Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine and fluoroscopy in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthrograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.
- Pediatric Imaging: Including but not limited to Image guided intussusception reduction with liquid or air; Imaged guided catheter placement in children; Imaged guided needle, biopsy, ablation, drainage or aspiration in children; Image guided analysis for surgery, biopsy or treatment planning using any imaging modality, in children

Michael C. Risk, MD, Active Staff
Department of Urology
- Urology Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult, and surgically treat patients presenting with illnesses or injuries of the genitourinary system; and performing waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal PH by paper methods; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows and others in training. These privileges include care of patients via telemedicine.
- Use of surgical laser
- Laparoscopic urologic procedures
- Fluoroscopy
- Use of surgical robot for procedures otherwise privileged to perform

Stephanie P. Turner Bartell, PhD, Clinical Psychology
Department of Psychiatry
- Psychological testing: adults
- Individual psychotherapy: adult
- Behavior modification
- Group therapy
- Psychoeducational counseling
- Psychoeducational testing
- Psychological consultation

Reinstatement—Medical Staff

Kathleen M. Baus, MD, Active Staff
Department of Radiology/Community Radiology
- Radiology Core Privileges: Performance and interpretation of all radiologic tests and procedures including radiographs, ultrasound, CT, MRI, diagnostic (non-therapeutic) nuclear medicine and fluoroscopy in adults and children. These privileges include, but are not limited to, Doppler vascular imaging, transcranial Doppler, arthrograms and joint aspirations, venography of major vessels, lumbar puncture, mammography, supervision of physician assistants with prescriptive authority, and supervision of residents, fellows and other trainees. These privileges include care of patients via telemedicine.

Additional Privileges—Medical Staff

John S. Ferguson, MD
Department of Medicine/Allergy, Pulmonary & Critical Care
- Robotic Bronchoscopy
Alexander D. Milsap, MD
Department of Family Medicine and Community Health/General
- Internal Medicine/Hospital Medicine Core Privileges
- Joint Aspiration/Injection

Luke D. Nankee, MD
Department of Psychiatry/Child
- Ketamine infusion for depression

Melissa M. Stiles, MD
Department of Family Medicine and Community Health
- Family Medicine Pediatric Core Privileges: Privileges to admit, evaluate including performance of H&P, diagnose, consult and provide non-surgical treatment to pediatric patients without major complications or serious life threatening disease. These privileges include, but are not limited to, the care of normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation; supervision of physician assistants with prescriptive authority; and supervision of residents, fellows, and others in training.

New Applications--Advanced Practice Providers

Thawinun Bunditrojanarit, NP, Advance Practice Nurse
Department of Medicine/Cardiovascular Medicine
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Cardiovascular Medicine Core Privileges: Privileges to manage and treat patients with cardiovascular disease.
- Prescriptive Authority

Kimberly E. Cornelius, NP, Advance Practice Nurse
Department of Medicine/Geriatrics
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Medicine - Clinical Research Unit Core Privileges: Privileges to manage and treat patients enlisted by principal investigators to serve as subjects for designated studies in the Clinical Research Unit and IRB approved studies.
- Prescriptive Authority

Anna Hormig, NP, Advance Practice Nurse
Department of Surgery/Acute Care and Regional General
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Acute Care Surgery Core Privileges: Privileges to manage and treat patients in need of surgical care and related issues.
- Prescriptive Authority

Jennifer A. Howard, NP, Advance Practice Nurse
Department of Pediatrics/Neonatology
- Pediatrics/Neonatology NP Core Privileges: Under the direction of and in collaboration with a physician, the NP is granted privileges to promote health, prevent disease, assess/evaluate including performance of H & P, diagnose, consult and manage premature & critically ill neonatal patients and ill newborns through 1 (one) year of life. These privileges include but are not limited to the following core procedures: umbilical catheter insertion (arterial or venous catheter); endotracheal tube placement/intubation; PICC insertion; thoracentesis, suturing, and wound debridement. These privileges include ordering respiratory therapy and blood products.
- Prescriptive Authority

Rebecca L. Johnson, NP, Advance Practice Nurse
Department of Medicine/Cardiovascular Medicine
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Cardiovascular Medicine Core Privileges: Privileges to manage and treat patients with cardiovascular disease.
- Prescriptive Authority

Chin-Feng D. Lai, NP, Advance Practice Nurse
Department of Obstetrics and Gynecology/Maternal Fetal Medicine

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Gynecology Core Privileges: Privileges to manage and treat patients with acute and chronic gynecologic conditions and related issues.
- NP Obstetrics Core Privileges: Privileges to manage and treat patients during antepartum, pregnancy, and postpartum.
- Prescriptive Authority

Meaghan E. Reed, PA, Physician Assistant

Department of Medicine/Allergy, Pulmonary & Critical Care

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. These privileges also include care of patients via telemedicine.
- PA Critical Care Core Privileges: Privileges to manage and treat patients in need of critical care.
- Prescriptive Authority

Kelsey L. Shadel, NP, Advance Practice Nurse

Department of Neurological Surgery

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Neurological Surgery Core Privileges: Privileges to manage and treat patients with illnesses, injuries, and disorders of the neurological system and related issues.
- Prescriptive Authority

Patricia M. Thaker, NP, Advance Practice Nurse

Department of Pediatrics/Genetics & Metabolism

- Pediatric NP Core Professional Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of pediatric patients in any setting. Treatment of these patients includes the following, but not limited to, coordinating and interpreting diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Pediatric Genetics & Developmental Pediatrics Core Privileges: Privileges to assess, manage and treat patients with documented or possible genetic and/or developmental disorders.
- Prescriptive Authority

Lori S. Verseman, PA, Physician Assistant

Department of Medicine/Endocrinology

- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products. These privileges also include care of patients via telemedicine.
- PA Endocrinology Core Privileges: Privileges to manage and treat patients with documented or possible endocrine or metabolic disorders.
- Prescriptive Authority

Caroline J. Vlasak, NP, Advance Practice Nurse

Department of Medicine/Cardiovascular Medicine

- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Cardiovascular Medicine Core Privileges: Privileges to manage and treat patients with cardiovascular disease.
- Prescriptive Authority

Additional Privileges--Advanced Practice Providers

Alexandra M. Colwell, NP (Family Nurse Practitioner)

Department of Medicine/Hematology/Oncology

- Chemotherapy Ordering

Kathleen L. Gorenc, NP (Pediatric NP - Acute Care)
Department of Pediatrics/Critical Care
- Pediatric Moderate Sedation

Sarah M. Katterheinrich, NP (Adult Gerontology Acute Care NP)

Department of Radiology/Interventional Radiology
- Chest Tube Removal

Troy A. Lawrence, NP (Adult Gerontology Primary Care NP)

Department of Neurology/General
- Deep brain stimulation programming - Epilepsy

Jonathan D. Thayer, NP (Adult-Gerontology Acute Care Nurse Practitioner)

Department of Medicine/Allergy, Pulmonary & Critical Care
- Arterial Line and Central Line Placement

Transfers

Kathryn D. McComb, PA, Physician Assistant
Transfer to Department of Medicine/Hospital Medicine
- General PA Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of any patient regardless of age and in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, incision and drainage of abscess, injections, suturing, wound care, and ordering respiratory therapy and blood products. These privileges also include care of patients via telemedicine.
- Prescriptive Authority

Brittany J. Storhoff, NP, Advance Practice Nurse
Transfer to Department of Pediatrics/Hospital Medicine
- Pediatric NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of pediatric patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP General Pediatrics Core Privileges: Privileges to manage and treat primary care pediatric patients.
- Prescriptive Authority

Jennifer A. Turk, NP, Advance Practice Nurse
Transfer to Department of Medicine/Gastroenterology and Hepatology
- Adult NP Core Privileges: Privileges to assess/evaluate, perform history and physical, diagnose, consult, manage, prevent disease and promote the health of adolescent and adult patients in any setting. Treatment of these patients includes the following, but not limited to, ordering and performing diagnostic studies, performing routine therapeutic procedures, injections, and ordering respiratory therapy and blood products.
- NP Gastroenterology and Hepatology Core Privileges: Privileges to manage and treat patients with gastroenterology and hepatology disorders and related issues.
- Prescriptive Authority

Focused Professional Practice Evaluation Review

The following focused review applications have been endorsed by the UWHC Credentials Committee and the appropriate peer committee, if applicable, and are recommended to the Medical Board for approval/action:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Section</th>
<th>Staff Status</th>
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<tbody>
<tr>
<td>Addesso, Luke C., MD</td>
<td>Pediatrics/General</td>
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<td>Anderson, Jade A., MD</td>
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<td>Arif, Abdul Wahab, MD</td>
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<td>Assaad, Peter, MD</td>
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<td>Bailey, Trent R., MD</td>
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<td>Beasley, Richard H., Jr, DO</td>
<td>Medicine/Allergy, Pulm &amp; Crit Care</td>
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<td>Beier, Jessica M., MD</td>
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<td>Biesterveld, Ben E., MD</td>
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<td>Brunner, Matthew J., MD</td>
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<td>Cho, Min S., DO</td>
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<td>Chung, Charles C., MD</td>
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<td>Collins, Kelly M., MD</td>
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<td>Dailey, Tyler A., MD</td>
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<td>Lin, Sandra Y., MD</td>
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<td>Matkovic, Eduard, MD</td>
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<td>Maurer, Courtney M., NP</td>
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<td>McComb, Kathryn D., PA</td>
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<td>McKown, Trevor F., MD</td>
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<td>Mohsin, Abdul, MD</td>
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<td>Shaker, Shaun S., MD</td>
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<td>Sharifi, Marina N., MD</td>
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<td>Smith, Chloe C., PA</td>
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<td>Smith, Corey L., NP</td>
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<td>Soldner, Teresa M., MD</td>
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<td>Usman, Muhammad, MD</td>
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<td>Vargas, Camilla C., PA</td>
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<td>White, Morgan S., MD</td>
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<td>Williams, Rebecca L., MD</td>
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<td>Zamanian, Maryam, MD</td>
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**Focused Professional Practice Evaluation Review- Additional Privileges**

The following focused review applications have been endorsed by the UWHC Credentials Committee and the appropriate peer committee, if applicable, and are recommended to the Medical Board for approval/action:

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<thead>
<tr>
<th>Name</th>
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<th>Staff Status</th>
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<tr>
<td>Bachhuber, Anne R., NP</td>
<td>Medicine/General Internal</td>
<td>Adult NP Core, NP General Internal Medicine Core and Prescriptive Authority</td>
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<tr>
<td>Castellanos, David, PA</td>
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<td>Shave Biopsy</td>
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<td>Hittner, Sarah B., PA</td>
<td>Surgery/Surgical Oncology</td>
<td>Minor skin/subcutaneous procedures</td>
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<td>Klemme, Joanie E., PA</td>
<td>Radiology/Interventional</td>
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<td>Matthews, Lindsay A., MD</td>
<td>Medicine/Hospital Medicine</td>
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<td>McGuire, Abigail M., PA</td>
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<td>Peliska, Michael D., MD</td>
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<td>Thoracentesis</td>
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<td>Thompson, Mary G., MD</td>
<td>Family Medicine</td>
<td>Family Medicine and Community Health Core</td>
</tr>
<tr>
<td>Zhang, Yinzhong, MD</td>
<td>Medicine/Hospital Medicine</td>
<td>Thoracentesis and Paracentesis</td>
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</table>
Executive Summary

UW Health Administrative Policy 2.33
Patient Billing and Collections
EXECUTIVE SUMMARY

DATE: February 23, 2023

RE: UW Health Administrative Policy 2.33 Patient Billing and Collections

UWHCA Board of Directors,

The UW Health Administrative Policy Committee reviewed and approved updates to the UW Health Administrative Policy 2.33 Patient Billing and Collections (the “Policy”) in January 2023. UW Health Management is seeking approval of the changes from the UWHCA Board of Directors.

Summary of changes made to the Policy:

• Updated language that previously said “we will” to “we may” to provide more discretion in actions
• Updated definition of Extraordinary Collection Actions (ECAs)
• Updated section B.9 to ensure language around ECAs was appropriate, encompassed all regulations, and in accordance with workflows
• Updated Medical Urgency definition
• Updated language about use of electronic communications with patients

Attached for your review please find the redline and clean versions of the proposed changes to the Policy.

If you have any questions, please contact Ms. Brandi Rudd at brudd@uwhealth.org or Ms. Laurie Weigt Ostrander at LWeigtOstrander@uwhealth.org.

Thank you for your consideration.

Attachments
Administrative (Non-Clinical) Policy

This administrative policy applies to the operations, Directors, and employees of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”), University of Wisconsin Medical Foundation (“UWMF”), and those subsidiaries and affiliates of UWHCA and UWMF that have adopted this administrative policy (each an “Adopting Affiliate”). UWHCA, UWMF and the Adopting Affiliates are referred to in this administrative policy as “UW Health”.

I. PURPOSE

UW Health recognizes the cost of necessary health care services can impose a financial burden on patients who are uninsured or underinsured. UW Health also recognizes the billing and collection process is complex and has implemented procedures to make the process more understandable for patients. The goal of this policy is to provide clear and consistent guidelines for conducting billing and collections functions in a manner that promotes patient satisfaction, operational efficiency and compliance with law.

Through the use of billing statements, written correspondence, MyChart, electronic communication, and/or phone calls, UW Health will make diligent efforts to inform patients of their financial responsibilities and available financial assistance options. Electronic communication may be used but only after consent from the patient. Additionally, UW Health will make
reasonable efforts to determine a patient’s eligibility for financial assistance under our UW Health Administrative Policy 2.16 - Financial Assistance Policy, 2.16 before engaging in extraordinary collection actions to obtain payment.

II. DEFINITIONS

A. Bad Debt Accounts: Accounts that have been determined to be uncollectible because the patient has been unwilling to pay for their medical care.

B. Emergency Care: Immediate care provided by a hospital facility for emergency medical conditions that is necessary to prevent putting a patient’s health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.

C. Extraordinary Collection Actions (ECAs): actions taken by a healthcare organization against an individual related to obtaining payment of a bill for care covered under the healthcare organization’s FAP. A list of collection activities, as defined by the United States Internal Revenue Service (IRS), that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions are further described in 26 CFR § 1.501(r)-6 Section IV of this policy and include actions such as reporting adverse information to credit bureaus/reporting agencies, the commencement of a civil action against an individual, and other actions that require legal or judicial processes such as garnishing wages. Some of the actions are further described in Section IV of this policy. For purposes of clarity, the following actions are not ECAs:

1. Any lien that UW Health is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to a patient (or his or her representative) as a result of personal injuries caused by a third party for which UW Health provided care.
2. The filing of a claim by UW Health in any bankruptcy proceeding.

D. Financial Assistance Policy (FAP): UW Health’s administrative policy that describes UW Health’s financial assistance program and meets the requirements of 26 C.F.R. § 1.501(r)-6 including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for financial assistance.

E. Federal Poverty Guidelines (FPG): A federal poverty measure issued each year in the Federal Register by the Department of Health and Human Services (HHS). These guidelines are a simplification of the poverty thresholds used for administrative purposes in determining financial eligibility for UW Health’s FAP as well as certain federal and state programs.

F. Gross Charges: The full, established price for medical care that UW Health consistently and uniformly charges patients before applying any discounts, contractual allowances, or deductions.

G. Medically Necessary: Those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be necessary, taking into account the most appropriate level of care.

1. Depending on a patient’s medical condition, the most appropriate setting for the provision of care may be a home, a physician’s office, an outpatient facility, or a long-term care, rehabilitation or hospital bed. In order to be medically necessary, a service must:
   a. Be required to treat an illness or injury;
   b. Be consistent with the diagnosis and treatment of the patient’s conditions;
   c. Be in accordance with the standards of good medical practice; and
   d. Be that level of care most appropriate for the patient as determined by the patient’s medical condition and not the patient’s financial or family situation.
2. The term “medically necessary” does not include services provided for the convenience of the patient or the patient’s physician, or elective health care. For purposes of this policy, UW Health reserves the right to determine, on a case-by-case basis, whether the care and services provided to a patient meet the definition and standard of “medically necessary” for the purpose of eligibility for financial assistance.

H. Medically Urgent: Any illness or severe condition which under reasonable standards of medical practice should be diagnosed and treated within a twenty-four (24) hour period, and if left untreated, could rapidly become a crisis or emergency situation posing immediate risk to the person’s life or limb. Patient has an acute injury or illness that poses an immediate risk to the person’s life, limb, or sight. Care cannot be delayed, or patient safety would be compromised.

I. Patient: For purposes of this policy, patient will be defined as person responsible for the payment of the bills which sometimes will be the guarantor of the account.

J. Reasonable Efforts: The actions UW Health takes to determine whether a patient is eligible for financial assistance under UW Health’s FAP before engaging in Extraordinary Collection Actions. Reasonable efforts may include making presumptive determinations of eligibility for full or partial assistance, as well as providing individuals with written, electronic, and/or oral notifications about the FAP and application processes, consistent with this policy.

K. Third Party Payers: Any party issuing payment on behalf of a patient to include but not limited to: insurance companies, Workers’ Compensation, governmental plans such as Medicare and Medicaid, State/Federal Agency plans, Victim’s Assistance, etc., or third-party liability resulting from automobile or other accidents.

L. Underinsured: Insured patients whose out-of-pocket medical costs exceed their ability to pay.

M. Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers for a particular service.

III. POLICY ELEMENTS

This policy describes the billing, payment, and collection processes applicable to services provided to UW Health patients. After patients have received services, it is UW Health’s goal to bill patients and applicable payers accurately and in a timely manner. During this billing and collections process, UW Health staff and its agents will provide quality customer service and timely follow-up. Consistent with these commitments, UW Health acts in accordance with this billing and collection policy to comply with (a) the Centers for Medicare & Medicaid Services Medicare Bad Debt Requirements (42 CFR § 413.89), (b) the Medicare Provider Reimbursement Manual (Part I, Chapter 3), (c) the Internal Revenue Code Section 501 (r), and (d) other applicable law. From time to time, UW Health may make exceptions to this policy as deemed reasonably appropriate by the UW Health Vice President of Revenue Cycle (in consultation with the UW Health Chief Financial Officer).

IV. PROCEDURE

A. Patient Billing Practices

1. All patients will be billed for any balances, with limited exceptions, after insurance and will receive a statement as part of the organization’s normal billing process. Patients may request an itemized statement for their accounts at any time.

2. UW Health will identify patients eligible for its If a patient is eligible for financial assistance under UW Health’s Financial Assistance Program (FAP), we will bill patients at the discounted rate in which they have qualified for the program.

3. For insured patients, UW Health will bill applicable third-party payers based on information provided by or verified by the patient. Insured patients will be billed for their respective liability amounts as determined by the third-party payer and/or UW Health.
4. UW Health may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in a single installment. UW Health is not required to accept patient-initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient is unwilling to make acceptable payments or has defaulted on an established payment plan.

5. **Unless prohibited by law**, UW Health may provide any written notice or communication described in this policy electronically to any patient with their consent. All patients will receive mailed written communication prior to any ECAs.

**B. Collections Practices**

1. UW Health will provide reasonable options for patients who are making a good faith effort to pay their bills. However, UW Health expects patients to pay the amounts due for health care services provided, and will we may pursue collections when necessary and appropriate. In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this policy, UW Health may engage in collection activities—including ECAs—to collect outstanding patient balances. UW Health may:
   a. Initiate general collection activities, such as statements, letters, electronic communication, and/or follow-up calls. Electronic communication may be used but only after consent from the patient.
   b. Refer patient balances to a third party for collection at the discretion of UW Health. UW Health will maintain ownership of any debt referred to debt collection agencies. Except as otherwise stated in this policy, Patient accounts may be referred for collection under the following circumstances:
      i. There is a reasonable basis to believe the patient owes the debt.
      ii. Known third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient.
   c. Prevent a patient who has outstanding balances in bad debt from scheduling non-urgent or non-emergent services unless prepayment for these future services has been obtained.

2. UW Health will not:
   a. Refer a balance for collection while a claim on the account is still pending payer payment. However, UW Health will attempt to resolve the balance with the third-party payor and engage patients in their account resolution as needed. However, after exhausting reasonable efforts, (e.g. appeals, payor outreach, state and federal agencies, etc.) UW Health may assign financial liability for any outstanding third-party balances to the patient.
   b. Knowingly refer accounts for collection due to a UW Health error.
   c. Refer accounts for collection when the patient has a pending application for financial assistance or other UW Health-sponsored program provided the patient has complied with the timeline and information requests described in the application process.

3. Payment is expected in accordance with UW Health's **Administrative Policy 2.39 - Payment Collections Policy 2.39**. UW Health’s intent is for all patients to have a financial plan for how they will satisfy their financial liabilities prior to their services being rendered. To collect all foreseen patient financial liabilities prior to the services being rendered or to proactively identify patients who need to set up payment arrangements or need financial assistance to meet these financial obligations. This includes payment Patient financial liability includes of co-pays, and co-insurance, and/or deductibles, before or at the time of service. UW Health may also require full payment prior to rendering services from self-pay patients or insured patients, seeking care outside of their network and without prior authorization, or other cases outlined in Policy 2.39.
   a. UW Health accepts cash, checks, and credit or debit cards as forms
of payment.

b. Payment in full of the account balance is due 21 days after receiving the first bill.

c. Payment plans may be arranged if a patient cannot pay in full. Arrangements longer than 12 months may require submission of a Financial Assistance application for consideration.

d. If a patient check is returned to UW Health for insufficient funds, a returned check fee will be applied to the outstanding balance.

4. UW Health will not engage in ECAs against a patient to obtain payment for care until making reasonable efforts to 1) make the patient aware of the availability of the financial assistance program, and 2) make the patient aware of the process for applying for financial assistance, and 3) determine whether the individual is eligible for financial assistance under its FAP. Once reasonable efforts have been exhausted, ECAs taken by UW Health or a third-party agency against a patient related to obtaining payment of a bill for care covered under UW Health’s FAP may include:

a. Reporting unpaid accounts to consumer credit reporting agencies or credit bureaus.

b. Actions that require a legal or judicial process, including but not limited to:
   i. Filing judicial or legal action;
   ii. Commencing a civil action against a patient;
   iii. Obtaining judgment liens and executing upon such judgement liens using lawful means of collection; and;
   iv. Garnishing of wages; and.

      a. Obtaining judgment liens and executing upon such judgement liens using lawful means of collection.

   c. Preventing a patient who has outstanding balances in bad debt from scheduling non-urgent or non-emergent services unless prepayment for these future service(s) has been obtained.

5. UW Health may begin ECAs at least 120 days after providing the first post-discharge billing statement to a patient. In addition, UW Health shall do the following at least 30 days before initiating ECAs:

a. Provide the patient with a written notice (ECA Notice) that indicates the availability of financial assistance is available for eligible individuals, listing potential ECAs that may be taken to obtain payment for care, and giving a deadline after which such ECAs may be initiated that is no earlier than 30 days after the date that the written notice is provided (the “ECA Notice”).

b. Provide a plain-language summary of the FAP to the patient.

c. Make reasonable efforts to orally notify the patient about UW Health’s FAP and about how the individual may obtain assistance with the FAP application process, their balances, make payment arrangements and/or discuss the FAP and how he or she may obtain assistance with the application process.

6. If a patient’s eligibility for financial assistance is undetermined, then UW Health will refrain from initiating ECAs for at least 120 days from the date of the patient’s first post-discharge billing statement, and will not initiate ECAs no earlier than before the deadline provided to the patient in the ECA Notice. In addition:

a. If a patient submits a complete financial assistance application at any time within the FAP application period, then UW Health or its debt collection agency must suspend any ECAs, determine the patient’s eligibility for financial assistance, and notify the patient whether financial assistance is available.

b. If the patient is eligible for financial assistance but not eligible for free care, then UW Health must provide the patient with a statement indicating the amount that the patient owes.
i. If the patient is eligible for financial assistance, UW Health will reverse any previously taken ECAs, and refund any amount on any open accounts that he or she has paid for care over and above the approved discount within the past 8 months, unless amount is less than $5.

c. If the patient submits an incomplete FAP within the application period, UW Health will notify the patient about how to complete the FAP application, provide the patient with a reasonable opportunity to do so, the application is incomplete and suspend any ECAs for 30 days until the patient completes the financial assistance application, returns any outstanding documents and UW Health determines that the patient is eligible. If the application remains incomplete after 30 days from the date of notification UW Health may initiate ECAs.

8.7 For patients who have had multiple episodes of care, UW Health may satisfy the notification requirements under this policy simultaneously. If UW Health aggregates a patient’s outstanding bills for multiple episodes of care, it may not initiate the ECA(s) until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the aggregation until after the application period for the most recent episode of care.

9.8 In addition, UW Health will have made reasonable efforts to determine whether an individual is FAP eligible for care if upon receiving a complete FAP application from an individual who the hospital believes may qualify for Medicaid, the hospital postpones determining whether the individual is FAP eligible for care until the individual's Medicaid application has been completed, submitted and a determination as to the individual’s Medicaid eligibility has been made.

10.9 If a patient has any outstanding balances, in bad debt, for previously provided care, UW Health may engage in the ECA of deferring care or requiring prepayment before providing additional medically necessary (but non-emergent) care only after:

a. UW Health makes a reasonable effort both verbally and/or in writing to assist the patient in making a financial plan for satisfying their outstanding bills.

b. UW Health processes any outstanding financial assistance applications the patient has submitted.

c. UW Health makes a reasonable effort (as described above) to notify the individual both orally and in writing about the financial assistance policy and explains how to receive assistance with the application process.

d. UW Health processes on an expedited basis any FAP applications for previous care received within the stated deadline, has exhausted efforts to collaborate with the patient on creating a financial plan for their outstanding balances.

C. Financial Assistance

Patients with incomes up to and including 6500% of the FPL may be eligible for higher discounts through the UW Health FAP. See separate UW Health Administrative Policy 2.16 - Financial Assistance Policy, 2.46 for additional information.

D. Customer Service

1. The UW Health Revenue Cycle staff seeks to provide the highest quality service to our customers. It is important that UW Health customers see us as an organization that is friendly, knowledgeable, flexible, and reliable. UW Health Revenue Cycle tries to listen to, anticipate, recognize, and satisfy UW Health’s customer’s needs, with the goal of improving collections while demonstrating commitment to Patient-centered Care through respect, knowledge, responsiveness, and courtesy.

2. Staff will make best efforts to respond to and document patient inquiries according to these service standards:
a. Correspondence - Follow-up within 3 business days from receipt of correspondence  
b. Patient Email - Follow-up within 1 business day  
c. MyChart Messages - Follow-up within 1 business day  
d. Phone/Voice Mail – Return calls the same working day when possible  

E. Regulatory Requirements  
In implementing this policy, UW Health shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.  

Adoption of this Policy by UW Health Affiliates  
When this policy is adopted by an affiliate of UW Health, all references to “UW Health” in this policy shall be references to that particular affiliate. Each UW Health affiliate adopting this policy is responsible for its own compliance with the terms of this policy.  

V. FORMS  
UW Health Financial Assistance Application available at https://uwhealth.org  

VI. REFERENCES  
UW Health Administrative Policy 2.16 - Financial Assistance Policy  
UW Health Administrative Policy 2.39 - Payment Collections Policy  

Related Law  
Wis. Stat. s.233.04(3b)(a)(1)  
26 C.F.R. § 501(r)-46  
42 CFR § 413.89  

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When this policy is adopted by an affiliate of UW Health, all references to “UW Health” in this policy shall be references to that particular affiliate. Each UW Health affiliate adopting this policy is responsible for its own compliance with the terms of this policy.  

VII. COORDINATION  
Sr. Management Sponsor: Chief Financial Officer System VP, Revenue Cycle  
Author: VP, Revenue Cycle Director, Patient Financial Experience  
Reviewers: Director, Revenue Cycle Director, Patient Access Financial Experience Senior Director, Patient Access & Financial Experience  

Approval Committee: UW Health Administrative Policy and Procedure Committee, and University of Wisconsin Hospitals and Clinics Authority Board  

SIGNED BY  
Elizabeth Bolt  
UW Health Chief Operating Officer
I. PERSONS AFFECTED

Note: If an individual fits into any checked box, that individual is subject to this policy.

☒ UWHC or UWMF employees (does not include employees of SMPH)
☒ Remote UWHC or UWMF employees (does not include employees of SMPH)
☐ Advanced practice providers and other non-physicians credentialed by the UWH Medical Staff Administration Office
☐ SMPH-employed attending and faculty physicians and GME physicians
☐ SMPH-employed non-physician providers
☐ SMPH-employed GME physicians in a UW Health sponsored program
☐ GME physicians (residents and fellows in ACGME-accredited programs) and employed by UW Health
☐ GME physicians not employed by either UW Health or SMPH
☒ Non-employed contracted individuals (consultants, independent contractors, or agency staff) doing business on UW Health property
☒ Non-employed contracted individuals (consultants, independent contractors, or agency staff) doing business remotely
☐ Vendors
☐ Individuals involved in research (e.g., study coordinators, research nurses, etc.)
☐ Volunteers and Patient and Family Advisors
☐ Non-employed students or visiting GME physicians
☐ Observers and those job shadowing
☒ Patients
☐ Visitors
☐ Any individual present in UW Health clinical space
☐ Any individual present in UW Health non-clinical space

II. PURPOSE

UW Health recognizes the cost of necessary health care services can impose a financial burden on patients. UW Health also recognizes the billing and collection process is complex and has implemented procedures to make the process more understandable for patients. The goal of this policy is to provide clear and consistent guidelines for conducting billing and collections functions in a manner that promotes patient satisfaction, operational efficiency and compliance with law.

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   1. Any lien that UW Health is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to a patient (or his or her representative) as a result of personal injuries caused by a third party for which UW Health provided care

   2. The filing of a claim by UW Health in any bankruptcy proceeding

D. Financial Assistance Policy (FAP): UW Health’s administrative policy that describes UW Health’s financial assistance program and meets the requirements of 26 CFR § 1.501(r)-6, including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for financial assistance.

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G. Medically Necessary: Those services required to identify or treat an illness or injury that is either diagnosed or reasonably suspected to be necessary, taking into account the most appropriate level of care.

   1. Depending on a patient’s medical condition, the most appropriate setting for the provision of care may be a home, a physician’s office, an outpatient facility, or a long-term care, rehabilitation or hospital bed. In order to be medically necessary, a service must:
      a. Be required to treat an illness or injury
      b. Be consistent with the diagnosis and treatment of the patient’s conditions
      c. Be in accordance with the standards of good medical practice
      d. Be that level of care most appropriate for the patient as determined by the patient’s medical condition and not the patient’s financial or family situation

   2. The term “medically necessary” does not include services provided for the convenience of the patient or the patient’s physician, or elective health care. For purposes of this policy, UW Health reserves the right to determine, on a case-by-case basis, whether the care and services provided to a patient meet the definition and standard of “medically necessary” for the purpose of eligibility for financial assistance.
H. **Medically Urgent:** Any illness or severe condition which under reasonable standards of medical practice should be diagnosed and treated within a twenty-four (24) hour period, and if left untreated, could rapidly become a crisis or emergency situation posing immediate risk to the person’s life or limb.

I. **Patient:** For purposes of this policy, patient will be defined as person responsible for the payment of the bills which sometimes will be the guarantor of the account.

J. **Reasonable Efforts:** The actions UW Health takes to determine whether a patient is eligible for financial assistance under UW Health’s FAP before engaging in Extraordinary Collection Actions. Reasonable efforts may include making presumptive determinations of eligibility for full or partial assistance, as well as providing individuals with written, electronic, and/or oral notifications about the FAP and application processes, consistent with this policy.

K. **Third Party Payers:** Any party issuing payment on behalf of a patient to include but not limited to: insurance companies, Workers’ Compensation, governmental plans such as Medicare and Medicaid, State/Federal Agency plans, Victim’s Assistance, etc., or third-party liability resulting from automobile or other accidents.

L. **Underinsured:** Insured patients whose out-of-pocket medical costs exceed their ability to pay.

M. **Uninsured:** Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers for a particular service.

IV. **POLICY KEY ELEMENTS**

This policy describes the billing, payment, and collection processes applicable to services provided to UW Health patients. After patients have received services, it is UW Health’s goal to bill patients and applicable payers accurately and in a timely manner. During this billing and collections process, UW Health staff and its agents will provide quality customer service and timely follow-up. Consistent with these commitments, UW Health acts in accordance with this billing and collection policy to comply with (a) the Centers for Medicare & Medicaid Services Medicare Bad Debt Requirements (42 CFR § 413.89), (b) the Medicare Provider Reimbursement Manual (Part I, Chapter 3), (c) the Internal Revenue Code Section 501(r), and (d) other applicable law. From time-to-time UW Health may make exceptions to this policy as deemed reasonably appropriate by the UW Health Vice President of Revenue Cycle (in consultation with the UW Health Chief Financial Officer).

V. **POLICY DETAILS**

A. **Patient Billing Practices**

1. Patients will be billed for any balances, with limited exceptions, after insurance and will receive a statement as part of the organization’s normal billing process. Patients may request an itemized statement for their accounts at any time.

2. If a patient is eligible for financial assistance under UW Health’s Financial Assistance Program (FAP), we will bill patients at the discounted rate in which they have qualified for the program.

3. For insured patients, UW Health will bill applicable third-party payers based on information provided by or verified by the patient. Insured patients will be billed for their respective liability amounts as determined by the third-party payer and/or UW Health.

4. UW Health may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in a single installment. UW Health is not required to accept patient-initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient is unwilling to make acceptable payments or has defaulted on an established payment plan.
5. Unless prohibited by law, UW Health may provide any written notice or communication described in this policy electronically to a patient with their consent. All patients will receive mailed written communication prior to any ECAs.

B. Collections Practices

1. UW Health will provide reasonable options for patients who are making a good faith effort to pay their bills. However, UW Health expects patients to pay the amounts due for health care services provided, and we may pursue collections when necessary and appropriate. In compliance with relevant state and federal laws, and in accordance with the provisions outlined in this policy, UW Health may engage in collection activities – including ECAs – to collect outstanding patient balances. UW Health may:
   a. Initiate general collection activities, such as statements, letters, electronic communication, and/or follow-up calls. Electronic communication may be used but only after consent from the patient.
   b. Refer patient balances to a third party for collection at the discretion of UW Health. UW Health will maintain ownership of any debt referred to debt collection agencies. Except as otherwise stated in this policy, patient accounts may be referred for collection under the following circumstances:
      i. There is a reasonable basis to believe the patient owes the debt
      ii. Known third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient
   c. Prevent a patient who has outstanding balances in bad debt from scheduling non-urgent or non-emergent services unless prepayment for these future services has been obtained

2. UW Health will not:
   a. Refer a balance for collection while a claim on the account is still pending payer payment. However, UW Health will attempt to resolve the balance with the third-party payor and engage patients in their account resolution as needed. However, after exhausting reasonable efforts, (e.g. appeals, payor outreach, state and federal agencies, etc.) UW Health may assign financial liability for any outstanding third-party balances to the patient.
   b. Knowingly refer accounts for collection due to a UW Health error
   c. Refer accounts for collection when the patient has a pending application for financial assistance provided the patient has complied with the timeline and information requests described in the application process

3. Payment is expected in accordance with UW Health Administrative Policy 2.39 - Payment Collections. UW Health’s intent is for all patients to have a financial plan for how they will satisfy their financial liabilities prior to their services being rendered. Patient financial liability includes co-pays, co-insurance, and/or deductibles. UW Health may also require full payment prior to rendering services to self-pay patients or insured patients seeking care outside of their network and without authorization, or other cases outlined in Policy 2.39.
   a. UW Health accepts cash, checks, and credit or debit cards as forms of payment
   b. Payment in full of the account balance is due 21 days after receiving the first bill
c. Payment plans may be arranged if a patient cannot pay in full. Arrangements longer than 12 months may require submission of a Financial Assistance application for consideration.

d. If a patient check is returned to UW Health for insufficient funds, a returned check fee will be applied to the outstanding balance.

4. UW Health will not engage in ECAs against a patient to obtain payment for care until making reasonable efforts to 1) make the patient aware of the availability of the financial assistance program, 2) make the patient aware of the process for applying for financial assistance, and 3) determine whether the individual is eligible for financial assistance under its FAP. Once reasonable efforts have been exhausted, ECAs taken by UW Health or a third-party agency against a patient related to obtaining payment of a bill for care covered under UW Health’s FAP may include:

   a. Reporting unpaid accounts to consumer credit reporting agencies or credit bureaus
   b. Actions that require a legal or judicial process, including but not limited to:
      i. Commencing a civil action against a patient;
      ii. Obtaining judgment liens and executing upon such judgement liens using lawful means of collection; and
      iii. Garnishing of wages
   c. Preventing a patient who has outstanding balances in bad debt from scheduling non-urgent or non-emergent services unless prepayment for future service(s) has been obtained

5. UW Health may begin ECAs at least 120 days after providing the first post-discharge billing statement to a patient. In addition, UW Health shall do the following at least 30 days before initiating ECAs:

   a. Provide the patient with a written notice that indicates financial assistance is available for eligible individuals, listing the ECAs that may be taken to obtain payment for care, and giving a deadline after which such ECAs may be initiated that is no earlier than 30 days after the date that the written notice is provided (the “ECA Notice”)
   b. Provide a plain-language summary of the FAP to the patient
   c. Make reasonable efforts to orally notify the patient about UW Health’s FAP and about how the individual may obtain assistance with the FAP application process

6. If a patient’s eligibility for financial assistance is undetermined, then UW Health will refrain from initiating ECAs for at least 120 days from the date of the patient’s first post discharge billing statement, and will not initiate ECAs before the deadline provided to the patient in the ECA Notice. In addition:

   a. If a patient submits a complete financial assistance application at any time within the FAP application period, then UW Health or its debt collection agency must suspend any ECAs, determine the patient’s eligibility for financial assistance, and notify the patient whether financial assistance is available
   b. If the patient is eligible for financial assistance but not eligible for free care, then UW Health must provide the patient with a statement indicating the amount that the patient owes
      i. If the patient is eligible for financial assistance, UW Health will reverse any previously taken ECAs, and refund any amount on any open accounts that he or she has paid for care over and above the approved discount within the past 8 months
c. If the patient submits an incomplete FAP within the application period, UW Health will notify the patient about how to complete the FAP application, provide the patient with a reasonable opportunity to do so, and suspend any ECAs for 30 days until the patient completes the financial assistance application, returns any outstanding documents and UW Health determines that the patient is eligible. If the application remains incomplete after 30 days from the date of notification UW Health may initiate ECAs.

7. For patients who have had multiple episodes of care, UW Health may satisfy the notification requirements under this policy simultaneously. If UW Health aggregates a patient’s outstanding bills for multiple episodes of care, it may not initiate the ECA(s) until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the aggregation.

8. In addition, UW Health will have made reasonable efforts to determine whether an individual is FAP eligible for care if upon receiving a complete FAP application from an individual who the hospital believes may qualify for Medicaid, the hospital postpones determining whether the individual is FAP eligible for care until the individual’s Medicaid application has been completed, submitted and a determination as to the individual’s Medicaid eligibility has been made.

9. If a patient has any outstanding balances, in bad debt, for previously provided care, UW Health may engage in the ECA of deferring care or requiring prepayment before providing additional medically necessary (but non-emergent) care only after:
   a. UW Health makes a reasonable effort both verbally and/or in writing to assist the patient in making a financial plan for satisfying their outstanding bills
   b. UW Health processes any outstanding financial assistance applications the patient has submitted
   c. UW Health makes a reasonable effort (as described above) to notify the individual both orally and in writing about the financial assistance policy and explains how to receive assistance with the application process
   d. UW Health has exhausted efforts to collaborate with the patient on creating a financial plan for their outstanding balances

C. Financial Assistance
Patients with incomes up to and including 600% of the FPL may be eligible for discounts through the UW Health FAP. See separate UW Health Administrative Policy 2.16 - Financial Assistance for additional information.

D. Customer Service
1. The UW Health Revenue Cycle staff seeks to provide the highest quality service to our customers. It is important that UW Health customers see us as an organization that is friendly, knowledgeable, flexible, and reliable. UW Health Revenue Cycle tries to listen to, anticipate, recognize, and satisfy UW Health’s customer’s needs, with the goal of improving collections while demonstrating commitment to patient and family centered care through respect, knowledge, responsiveness, and courtesy.
2. Staff will make best efforts to respond to and document patient inquiries according to these service standards:
   a. Correspondence - Follow-up within 3 business days from receipt of correspondence
   b. Patient Email - Follow-up within 1 business day
   c. MyChart Messages - Follow-up within 1 business day
   d. Phone/Voice Mail – Return calls the same working day when possible

E. Regulatory Requirements
   In implementing this policy, UW Health shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this policy.

VI. FORMS
   A. UW Health Financial Assistance Application - available via uwhealth.org

VII. REFERENCES
   UW Health Administrative Policy 2.16 - Financial Assistance
   UW Health Administrative Policy 2.39 - Payment Collections

   Related Law
   Wis. Stat. § 233.04(3b)(a)(1)
   26 CFR § 1.501(r)-6
   42 CFR § 413.89
   Medicare Provider Reimbursement Manual (Part I, Chapter 3)
   Internal Revenue Code § 501(r)

VIII. COORDINATION
   Sr. Management Sponsor: System VP, Revenue Cycle
   Primary Owner: Director, Patient Financial Experience
   Stakeholders: Senior Director, Patient Access and Financial Experience
   Approval Committee: UW Health Administrative Policy and Procedure Committee; University of Wisconsin Hospitals and Clinics Authority Board

IX. APPROVAL
   Elizabeth Bolt
   UW Health Chief Operating Officer

This administrative policy applies to the operations, Directors, and employees of the University of Wisconsin Hospitals and Clinics Authority (“UWHCA”), University of Wisconsin Medical Foundation (“UWMF”), and those subsidiaries and affiliates of UWHCA and UWMF that have adopted this administrative policy (each an “Adopting Affiliate”). UWHCA, UWMF and the Adopting Affiliates are referred to in this administrative policy as “UW Health.”
### UW Health Current Month Operating Margin – January 31, 2023

<table>
<thead>
<tr>
<th></th>
<th>UWH-Madison/ACO/Isthmus</th>
<th>UWHNI /RDI</th>
<th>Total *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>1.9%</td>
<td>0.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Budget</td>
<td>0.7%</td>
<td>0.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prior Year</td>
<td>-13.7%</td>
<td>-0.6%</td>
<td>-11.3%</td>
</tr>
</tbody>
</table>

*Note: Total margin is calculated as the sum of the UWH-Madison/ACO/Isthmus and UWHNI /RDI margins.*
## Summary of Enterprise-wide Month of January 31, 2023 Operating Results

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual Jan- FY23</th>
<th>Plan Jan- FY23</th>
<th>Variance vs. Plan</th>
<th>Var. %</th>
<th>Actual Jan- FY22 vs. PY</th>
<th>Variance Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL OPERATING REVENUE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING REVENUES, NET</strong></td>
<td>376,475,394</td>
<td>355,136,885</td>
<td>21,338,509</td>
<td>6%</td>
<td>308,824,418</td>
<td>67,650,976</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SALARIES AND BENEFITS</strong></td>
<td>211,082,644</td>
<td>199,236,890</td>
<td>11,845,754</td>
<td>6%</td>
<td>198,323,987</td>
<td>12,758,657</td>
</tr>
<tr>
<td><strong>PURCHASED SERVICES AND AGENCY COSTS</strong></td>
<td>30,003,843</td>
<td>27,406,649</td>
<td>2,597,194</td>
<td>9%</td>
<td>26,169,144</td>
<td>3,834,699</td>
</tr>
<tr>
<td><strong>MEDICAL MATERIALS AND SUPPLIES</strong></td>
<td>26,249,164</td>
<td>25,687,485</td>
<td>561,679</td>
<td>2%</td>
<td>21,934,651</td>
<td>4,314,513</td>
</tr>
<tr>
<td><strong>PHARMACEUTICALS</strong></td>
<td>60,340,557</td>
<td>53,286,096</td>
<td>7,054,461</td>
<td>13%</td>
<td>52,475,903</td>
<td>7,864,654</td>
</tr>
<tr>
<td><strong>FACILITIES AND EQUIPMENT</strong></td>
<td>13,958,251</td>
<td>14,961,081</td>
<td>(1,002,830)</td>
<td>-7%</td>
<td>15,093,530</td>
<td>1,135,279</td>
</tr>
<tr>
<td><strong>DEPRECIATION AND AMORTIZATION</strong></td>
<td>13,414,152</td>
<td>3,747,251</td>
<td>9,666,901</td>
<td>-13%</td>
<td>3,878,549</td>
<td>502,693</td>
</tr>
<tr>
<td><strong>INTEREST EXPENSE</strong></td>
<td>5,444,037</td>
<td>5,542,700</td>
<td>(100,663)</td>
<td>2%</td>
<td>5,362,799</td>
<td>181,238</td>
</tr>
<tr>
<td><strong>PUBLIC AID ASSESSMENT</strong></td>
<td>542,613</td>
<td>2,892,771</td>
<td>(2,350,158)</td>
<td>-81%</td>
<td>3,873,661</td>
<td>(3,331,048)</td>
</tr>
<tr>
<td><strong>OTHER EXPENSES</strong></td>
<td>6,045,303</td>
<td>6,088,397</td>
<td>(43,094)</td>
<td>-1%</td>
<td>5,978,751</td>
<td>66,552</td>
</tr>
<tr>
<td><strong>NONOPERATING EXPENSES - ACADEMIC SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td>371,070,912</td>
<td>352,908,013</td>
<td>18,162,899</td>
<td>5%</td>
<td>343,583,202</td>
<td>27,487,710</td>
</tr>
<tr>
<td><strong>INCOME FROM OPERATIONS</strong></td>
<td>5,404,482</td>
<td>2,228,872</td>
<td>3,175,610</td>
<td>142%</td>
<td>5,404,482</td>
<td>2,228,872</td>
</tr>
<tr>
<td><strong>NON-OPERATING REVENUE/EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS</strong></td>
<td>74,674,841</td>
<td>175</td>
<td>74,674,666</td>
<td>42671238%</td>
<td>(64,716,566)</td>
<td>139,391,407</td>
</tr>
<tr>
<td><strong>INVESTMENT INCOME</strong></td>
<td>4,429,615</td>
<td>4,158,540</td>
<td>261,075</td>
<td>6%</td>
<td>5,978,402</td>
<td>(1,548,787)</td>
</tr>
<tr>
<td><strong>EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES</strong></td>
<td>560,346</td>
<td>1,708,267</td>
<td>(1,147,921)</td>
<td>-67%</td>
<td>3,083,811</td>
<td>(2,523,535)</td>
</tr>
<tr>
<td><strong>NET INC/DEC IN FAIR VALUE OF DERIVATIVE INSTRUMENT</strong></td>
<td>(186,768)</td>
<td>0</td>
<td>(186,768)</td>
<td>0%</td>
<td>391,883</td>
<td>(578,651)</td>
</tr>
<tr>
<td><strong>OTHER, NET</strong></td>
<td>891,317</td>
<td>872,050</td>
<td>19,267</td>
<td>2%</td>
<td>(744,133)</td>
<td>1,635,450</td>
</tr>
<tr>
<td><strong>TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET</strong></td>
<td>80,369,351</td>
<td>6,749,032</td>
<td>73,620,319</td>
<td>1091%</td>
<td>(56,006,533)</td>
<td>136,375,884</td>
</tr>
<tr>
<td><strong>REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS &amp; DONATIONS</strong></td>
<td>85,773,833</td>
<td>8,977,904</td>
<td>76,795,929</td>
<td>855%</td>
<td>(90,765,317)</td>
<td>176,539,150</td>
</tr>
</tbody>
</table>
UW Health YTD Operating Margin – January 31, 2023

<table>
<thead>
<tr>
<th></th>
<th>UWH-Madison/ACO/Isthmus</th>
<th>SAHS/RDI</th>
<th>Total *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>1.6%</td>
<td>1.6%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Budget</td>
<td>1.1%</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Prior Year</td>
<td>0.1%</td>
<td>-1.5%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

* Includes adjustments and other factors.
<table>
<thead>
<tr>
<th></th>
<th>Actual Plan Variance Var. %</th>
<th>Actual Variance Var. %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan- FY23 Jan- FY23 vs. Plan vs. Plan Jan- FY22 vs. PY vs. PY</td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING REVENUE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING REVENUES, NET</td>
<td>2,518,916,360 2,470,832,699 48,083,661 2%</td>
<td>2,289,336,680 229,579,680 10%</td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALARIES AND BENEFITS</td>
<td>1,396,086,414 1,383,836,673 12,249,741 1%</td>
<td>1,276,633,138 119,453,276 9%</td>
</tr>
<tr>
<td>PURCHASED SERVICES AND AGENCY COSTS</td>
<td>199,401,168 194,264,108 5,137,060 3%</td>
<td>167,713,183 31,687,980 19%</td>
</tr>
<tr>
<td>MEDICAL MATERIALS AND SUPPLIES</td>
<td>181,693,367 179,686,293 2,007,074 1%</td>
<td>171,892,471 9,800,896 6%</td>
</tr>
<tr>
<td>PHARMACEUTICALS</td>
<td>410,828,567 374,257,418 36,571,149 10%</td>
<td>372,489,480 38,339,087 10%</td>
</tr>
<tr>
<td>FACILITIES AND EQUIPMENT</td>
<td>91,427,537 107,232,837 (15,805,300) -15%</td>
<td>99,860,355 (8,432,818) -8%</td>
</tr>
<tr>
<td>DEPRECIATION AND AMORTIZATION</td>
<td>93,659,347 96,515,283 (2,855,936) -3%</td>
<td>77,715,751 15,943,777 21%</td>
</tr>
<tr>
<td>INTEREST EXPENSE</td>
<td>27,507,727 26,276,484 1,231,243 5%</td>
<td>21,782,363 5,725,364 26%</td>
</tr>
<tr>
<td>PUBLIC AID ASSESSMENT</td>
<td>37,978,106 38,198,900 (220,794) -1%</td>
<td>36,438,959 1,539,147 4%</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>42,120,197 42,618,782 (498,585) -1%</td>
<td>41,876,940 243,257 1%</td>
</tr>
<tr>
<td>NONOPERATING EXPENSES - ACADEMIC SUPPORT</td>
<td>85,487,336 3,225 85,486,111 6978458%</td>
<td>140,185,108 256%</td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>2,491,997,734 2,455,213,297 36,784,437 1%</td>
<td>2,284,491,831 207,505,903 9%</td>
</tr>
<tr>
<td>INCOME FROM OPERATIONS</td>
<td>26,918,626 15,619,402 11,299,224 72%</td>
<td>4,844,849 22,073,777 456%</td>
</tr>
<tr>
<td>NON-OPERATING REVENUE/EXPENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NET INCREASE/DECREASE IN FAIR VALUE OF INVESTMENTS</td>
<td>85,487,336 1,225 85,486,111 6978458%</td>
<td>140,185,108 256%</td>
</tr>
<tr>
<td>INVESTMENT INCOME</td>
<td>19,563,242 28,604,780 (9,041,538) -32%</td>
<td>53,040,469 (33,477,227) -63%</td>
</tr>
<tr>
<td>EQUITY INTEREST IN INCOME/LOSS OF JOINT VENTURES</td>
<td>(4,944,250) 11,957,869 (16,902,119) -141%</td>
<td>17,698,869 (22,642,939) -128%</td>
</tr>
<tr>
<td>NET INC/DEC IN FAIR VALUE OF DERIVATIVE INSTRUMENT</td>
<td>758,482 0 758,482 0%</td>
<td>1,019,406 (260,924) -26%</td>
</tr>
<tr>
<td>OTHER, NET</td>
<td>7,760,563 7,353,251 407,312 6%</td>
<td>18,664,598 (10,904,035) -58%</td>
</tr>
<tr>
<td>TOTAL OTHER NON-OPERATING REVENUES (EXPENSES), NET</td>
<td>106,625,373 47,917,125 60,708,248 127%</td>
<td>35,725,390 72,899,983 204%</td>
</tr>
<tr>
<td>REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS &amp; DONATIONS</td>
<td>135,543,999 63,536,527 72,007,472 113%</td>
<td>40,570,239 94,973,760 234%</td>
</tr>
<tr>
<td>Metric</td>
<td>FY 23</td>
<td>S&amp;P &quot;AA-&quot; Rated (1)</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Operating Margin*</td>
<td>↑ 1.1%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Total Margin</td>
<td>↑ 5.2%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Days Cash on Hand*</td>
<td>↑ 235</td>
<td>292</td>
</tr>
<tr>
<td>Days in Accounts Receivable **</td>
<td>↓ 46</td>
<td>48</td>
</tr>
<tr>
<td>Long Term Debt to Capitalization</td>
<td>↓ 26.5%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Operating Cash Flow</td>
<td>↑ 5.9%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Cash-to-Debt</td>
<td>↑ 221.4%</td>
<td>263.6%</td>
</tr>
</tbody>
</table>

* excludes provision for bad debt and retiree health insurance, includes academic support
** average for 12 months

(1) S&P’s 2021 financial ratios based on 36 obligators rated "AA-" by S&P. Based on 2021 audited financials.
(2) Moody’s 2021 financial ratios based on 29 "Aa3" rated hospitals. Based on 2021 audited financials.
Key Takeaways for January 2023

-Volumes across the JOA are strong compared to prior months. Surgeries for the month were .9% favorable to budget. ED visits across the system remain extremely high to budget YTD, but were unfavorable by 4.2% in January.

-Net revenues came in $21.3M favorable to budget. This is consistent with strong volumes we saw for the month, Quartz risk coming in favorable to budget, we re-evaluated some contractual allowance reserves, we saw strong retail pharmacy revenues and we had a more favorable payor mix for the month.

-Expense were unfavorable to budget by $18.1M. There were several factors contributing to this for January. The main contributing factors were:
  - Salaries & Fringe were $11.8M unfavorable. Some of this relates to additional true-ups of leave and holiday balances.
  - Pharmaceuticals were $7.1M unfavorable to budget.

-On the non-operating side, we saw favorable results compared to budget, with an unrealized gain on investments of $74.7M.
Graduate Medical Education
Annual Institutional Review
2021-2022

Susan Goelzer, MD, MS
Designated Institutional Official (DIO)
Associate Dean of Graduate Medical Education
The University of Wisconsin Hospitals and Clinics (UWHC) sponsors 80 graduate medical education programs in ACGME accredited specialties and subspecialties across all clinical departments of the University of Wisconsin School of Medicine and Public Health.

The mission of UW Health is advancing health without compromise through:

- **Service** – providing the best possible patient care experience and outcomes for all those who need our services as well as programs that support the health and wellness of patients and populations;

- **Scholarship** – delivering contemporary education for the current and future generations of health professionals;

- **Science** – conducting a broad range of research to discover the most promising ways to promote health and to prevent, detect and treat illness in people and in communities; and

- **Social Responsibility** – doing what is best for the individuals and communities we serve through policy advocacy, health care delivery and public health.
GME Institutional Aims

➢ Renewal of Institutional Commitment Statement

➢ Toward the UW Health mission and vision, UW Health aims to:

- support a robust GME enterprise;
- have accredited programs without probation or substantial citation from a broad spectrum of specialties and subspecialties;
- recruit the highest caliber medical school graduates that reflects the diversity of the populations our graduates will serve;
- provide a challenging and supportive diverse and inclusive clinical learning environment in which residents develop personal, ethical, clinical and professional competence; and
- educate future generations of medical leaders, academic physicians, and excellent practitioners to meet the ever-evolving healthcare needs of our community, the state of Wisconsin, and beyond.
GME Research
(Science and Scholarship)

- All programs require scholarly activity/research
- Often fellowships have lengthier research time requirements
- Research as part of the program is funded as part of the resident’s salary (UW Health)
- In order to train future academic faculty members, many programs also have T32 or other grant funding which substantially supports them and allows for a 1-2 years of additional research without clinical commitment. General Surgery Example
- Internal Medicine Physician Scientist Training Programs (PSTP) aim to recruit highly qualified candidates who are committed in pursuing a career as an academic physician scientist. These programs may integrate residency training, clinical fellowships, and basic and clinical postdoctoral training to facilitate the transition period between MD/PhD, DO, and MD degrees and first faculty position.
- These research activities (as with clinical training) are under the supervision of faculty members
IV.D. Scholarship
Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.

IV.D.1. Program Responsibilities
IV.D.1.a) The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)

IV.D.1.b) The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)

IV.D.3. Resident Scholarly Activity
IV.D.3.a) Residents must participate in scholarship. (Core)
New Programs
- Pediatric Hospital Medicine – 2 FTE
- Clinical Informatics – 4 FTE (2.0 per yr; 2 yr)
- Pediatric Dermatology – 1 FTE

Permanent Complement Increase Requests
- Gastroenterology – 3 FTE
- Neurology – 8 FTE (2.0 per yr; 4 yr)
- Internal Medicine – 15 FTE (6, 6, 3; 3 yr)
- Ophthalmology – 3 FTE (+1 FTE IM Prelim)
- Vascular Neurology – 1 FTE (Resubmission)

Temporary Complement Increases
- Hematology and Medical Oncology – 1 FTE
- CT Surgery – >= 1 FTE
- Infectious Disease – 1 FTE
- General Surgery – 2 FTE
- Pediatric Critical Care – > 1 FTE

Funding Only Requests
- Epilepsy – 2 FTE
- Clinical Pathology and Anatomic Pathology – 1 FTE
- Pediatric Pulmonology – 1 FTE

Pending/Upcoming Requests
- Reproductive Endocrine & Fertility – 3 FTE
- Physical Medicine & Rehab – 3 FTE
- Interventional Radiology – Integrated - 5 FTE

Complement Increases – Denied
- Interventional Cardiology – 1 FTE
<table>
<thead>
<tr>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$60,614,129</td>
<td>Stipends, benefits, administration</td>
</tr>
<tr>
<td>$2,565,625</td>
<td>Funding provided to UWSMPH departments per affiliation agreement</td>
</tr>
<tr>
<td>$63,179,754</td>
<td>Total GME Costs</td>
</tr>
<tr>
<td>($15,927,607)</td>
<td>Less: Reimbursement from affiliated organizations</td>
</tr>
<tr>
<td>($14,243,245)</td>
<td>Less: Preliminary estimated Medicare reimbursement for direct GME</td>
</tr>
<tr>
<td>$33,008,902</td>
<td>Total UWHC GME Expenditure</td>
</tr>
</tbody>
</table>

In addition, Medicare IME reimburses teaching hospitals for higher cost of care associated with training residents, estimated at $51,006,245 for FY22.
Sources of Funding for Residents

- FY 22 – 499 UWHC Funded FTE
  - 113 FTE over UW Health cap - 336

- Other sources of funding
  - Meriter Hospital
  - VA Hospital
    - Currently funds 120 FTE
  - St. Mary’s Hospital
  - SMPH & Other employers (i.e., military, Dean medical group, etc.)
GME Trainees - Residents vs. Fellows

<table>
<thead>
<tr>
<th>Year</th>
<th>Residents</th>
<th>Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>454</td>
<td>102</td>
</tr>
<tr>
<td>2012-2013</td>
<td>463</td>
<td>101</td>
</tr>
<tr>
<td>2013-2014</td>
<td>473</td>
<td>104</td>
</tr>
<tr>
<td>2014-2015</td>
<td>492</td>
<td>107</td>
</tr>
<tr>
<td>2015-2016</td>
<td>498</td>
<td>112</td>
</tr>
<tr>
<td>2016-2017</td>
<td>516</td>
<td>123</td>
</tr>
<tr>
<td>2017-2018</td>
<td>527</td>
<td>133</td>
</tr>
<tr>
<td>2018-2019</td>
<td>544</td>
<td>141</td>
</tr>
<tr>
<td>2019-2020</td>
<td>560</td>
<td>135</td>
</tr>
<tr>
<td>2020-2021</td>
<td>569</td>
<td>140</td>
</tr>
<tr>
<td>2021-2022</td>
<td>584</td>
<td>150</td>
</tr>
</tbody>
</table>
Wisconsin has over 2,000 residency positions, or 35.5 per 100 thousand population.

Overall, 55.2% of the individuals who completed residency training from 2012 through 2021 are practicing in the state of residency training. This percentage increase further is the physician also went to medical school in the same state.

Wisconsin Council on Medical Education & Workforce (WCMEW) projects a deficit of more than 2,600 physicians by the year 2035. (over 18,000 practicing physicians in WI)

Previously estimated 40% of current PCP workforce will retire by 2035
PGY1 Recruitment Metrics

Percent of Trainees with WI Ties
(born in WI, UW undergrad, other WI undergrad, UWSMPH, and other WI medical school)

Year | % of Trainees with WI Ties
--- | ---
2017 | 27%
2018 | 30%
2019 | 33%
2020 | 32%
2021 | 32%
2022 | 31%
PGY1 Recruitment Metrics

Percent of PG1s that graduated from UWSMPH

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15%</td>
<td>29%</td>
<td>24%</td>
<td>26%</td>
<td>21%</td>
<td>22%</td>
<td>18%</td>
<td>15%</td>
<td>16%</td>
<td>15%</td>
<td>21%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Graduate Metrics
(all programs)

Percent of GME graduates who became UWSMPH faculty

- 2015: 18%
- 2016: 12%
- 2017: 13%
- 2018: 19%
- 2019: 15%
- 2020: 19%
- 2021: 20%
- 2022: 24%
Percent of Attendings who trained at UW Health

UW Health

N=1470

930

540

2022

Four Largest GME Programs

UWGME Trained  Non-UW GME Trained

Medicine 2021

213

198

#UWGME Trained

Medicine 2022

258

201

Non-UW Trained

Surgery 2021

110

34

Surgery 2022

103

33

Pediatrics 2021

123

69

Pediatrics 2022

132

72

Anesthesiology 2021

54

34

Anesthesiology 2022

49

33
UW Health Physician Workforce (Service)

Physician Workforce
• 1500+ Faculty Physicians
• 700+ Resident and Fellow Physicians

Pipeline
• 37% of all UW Health clinical faculty did their GME training at UW Health

• 24% of new UW Health GME alumni joining UW Health/UWSMPH faculty this past year

• 44% of all Department of Medicine faculty completed their GME training at UW Health (Medicine hosts our largest residency program with over 85 trainees and more than 17 fellowships).

• 50% of all Department of Anesthesiology completed their GME training at UW Health
Residents' overall evaluation of the program

2021-2022 ACGME Resident/Fellow Survey - page 1

Survey taken: February 2022 - April 2022

Programs Surveyed: 72
Residents Responded: 643/705
Response Rate: 91%

Residents' overall opinion of the program

Total Percentage of Compliance by Category

Institution Percentage at-a-glance

2021-2022 ACGME Resident/Fellow Survey
- Programs Surveyed: 72
- Residents Responded: 643/705
- Response Rate: 91%
ACGME Institutional Faculty Aggregated Data

2021-2022 ACGME Faculty Survey - page 1
560176 University of Wisconsin Hospitals and Clinics - Aggregated Program Data

Survey taken: February 2022 - April 2022

Programs Surveyed: 72
Faculty Responded: 621/657
Response Rate: 95%

Institution Percentage at-a-glance

Faculty's overall evaluation of the program

Total Percentage of Compliance by Category

2021-2022 ACGME Faculty Survey
Programs Surveyed: 72
 Residents Responded: 621/657
Response Rate: 95%
### 2022 ACGME Resident Survey - Programs Dashboard

<table>
<thead>
<tr>
<th>Program</th>
<th>Percentage of Programs</th>
<th>Percentage of Programs</th>
<th>Percentage of Programs</th>
<th>Percentage of Programs</th>
<th>Percentage of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endocrinology, Diabetes, Metabolism</td>
<td>93%</td>
<td>85%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>93%</td>
<td>85%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Neurology</td>
<td>93%</td>
<td>85%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>93%</td>
<td>85%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Pathology-Anatomic &amp; Clinical</td>
<td>93%</td>
<td>85%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**For All Teaching and Evaluation Domains**

**Facilities and Equipment**

- **Technology and Infrastructure**: 98% of programs have adequate technology and infrastructure.
- **Library Resources**: 98% of programs have adequate library resources.
- **Classroom Facilities**: 98% of programs have adequate classroom facilities.
- **Clinical Facilities**: 98% of programs have adequate clinical facilities.
- **Technology for Teaching**: 98% of programs have adequate technology for teaching.
- **Library Resources for Teaching**: 98% of programs have adequate library resources for teaching.
- **Classroom Facilities for Teaching**: 98% of programs have adequate classroom facilities for teaching.
- **Clinical Facilities for Teaching**: 98% of programs have adequate clinical facilities for teaching.

**Teamwork**

- **Interprofessional Teamwork**: 98% of programs have interprofessional teamwork models or teaching.
- **Teamwork Skills**: 98% of programs have appropriate team skills.
- **Teamwork Training**: 98% of programs provide team training.
- **Teamwork in Practice**: 98% of programs have appropriate team practices.

<table>
<thead>
<tr>
<th>Process in place for confidential reporting of unprofessional behavior</th>
<th>98%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement in program’s diverse resident/fellow recruitment/retainment efforts</td>
<td>98%</td>
</tr>
<tr>
<td>Opportunity to confidentially evaluate faculty members at least annually</td>
<td>98%</td>
</tr>
<tr>
<td>Appropriately share, assess, monitor, and address unprofessionalism</td>
<td>98%</td>
</tr>
<tr>
<td>Faculty members discuss cost awareness in patient care decisions</td>
<td>98%</td>
</tr>
</tbody>
</table>

**Faculty Teaching and Practice**

- **Appropriate Amount of Teaching**: 98% of programs have an appropriate amount of teaching in all clinical and didactic activities.
- **faculty members discuss cost awareness in patient care decisions**: 98% of programs have faculty members discuss cost awareness in patient care decisions.
- **Process in place for confidential reporting of unprofessional behavior**: 98% of programs have a process in place for confidential reporting of unprofessional behavior.
- **Faculty prefers and/ or is provided with the opportunity to provide teaching**: 98% of programs provide teaching opportunities.
- **opportunities to participate in scholarly activities**: 98% of programs provide opportunities for scholarly activities.
- **faculty members discuss cost awareness in patient care decisions**: 98% of programs have faculty members discuss cost awareness in patient care decisions.
- **process in place for confidential reporting of unprofessional behavior**: 98% of programs have a process in place for confidential reporting of unprofessional behavior.
- **opportunities to participate in scholarly activities**: 98% of programs provide opportunities for scholarly activities.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.

**Program Exclusive Efforts**

- **Program focuses on diversity, equity, and inclusion initiatives**: 98% of programs focus on diversity, equity, and inclusion initiatives.
- **Programs are actively working to improve workforce diversity, equity, and inclusion**: 98% of programs are actively working to improve workforce diversity, equity, and inclusion.
- **Programs are actively working to improve workforce diversity, equity, and inclusion**: 98% of programs are actively working to improve workforce diversity, equity, and inclusion.

**Fellowship and Resident Recruitment/Retention**

- **Faculty members discuss cost awareness in patient care decisions**: 98% of programs have faculty members discuss cost awareness in patient care decisions.
- **Process in place for confidential reporting of unprofessional behavior**: 98% of programs have a process in place for confidential reporting of unprofessional behavior.
- **opportunities to participate in scholarly activities**: 98% of programs provide opportunities for scholarly activities.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.

**Preliminary Year**

- **Appropriate Amount of Teaching**: 98% of programs have an appropriate amount of teaching in all clinical and didactic activities.
- **faculty members discuss cost awareness in patient care decisions**: 98% of programs have faculty members discuss cost awareness in patient care decisions.
- **Process in place for confidential reporting of unprofessional behavior**: 98% of programs have a process in place for confidential reporting of unprofessional behavior.
- **opportunities to participate in scholarly activities**: 98% of programs provide opportunities for scholarly activities.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
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- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.

**Endorsement**

- **Process in place for confidential reporting of unprofessional behavior**: 98% of programs have a process in place for confidential reporting of unprofessional behavior.
- **opportunities to participate in scholarly activities**: 98% of programs provide opportunities for scholarly activities.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.

**Supportive Environment**

- **process in place for confidential reporting of unprofessional behavior**: 98% of programs have a process in place for confidential reporting of unprofessional behavior.
- **opportunities to participate in scholarly activities**: 98% of programs provide opportunities for scholarly activities.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
- **Teach about health care operations**: 98% of programs teach about health care operations.
## Diversity and Inclusion
### PGY1 Recruitment Metrics

<table>
<thead>
<tr>
<th>Year</th>
<th>Race/Ethnicity</th>
<th>Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>HISP, 3</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>AM IND, 1</td>
<td>Not Reported, 8</td>
</tr>
<tr>
<td>2019</td>
<td>HISP, 1</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>AM IND, 0</td>
<td>Not Reported, 4</td>
</tr>
<tr>
<td>2020</td>
<td>HISP, 3</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>AM IND, 0</td>
<td>Not Reported, 5</td>
</tr>
<tr>
<td>2021</td>
<td>HISP, 2</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>AM IND, 0</td>
<td>Not Reported, 5</td>
</tr>
<tr>
<td>2022</td>
<td>HISP, 8</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>AM IND, 1</td>
<td>Not Reported, 1</td>
</tr>
<tr>
<td>2023</td>
<td>HISP, 8</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>AM IND, 2</td>
<td>Not Reported, 6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE</td>
<td>88</td>
<td>99</td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>86</td>
</tr>
<tr>
<td>ASIAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HISP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLACK</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AM IND</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PGY1 Race/Ethnicity Data

- **Number of Residents**: The number of residents varies by race/ethnicity and academic year.
- **Academic Year**: 2018-2023
- **Race/Ethnicity**: WHITE, ASIAN, HISP, BLACK, AM IND

The chart illustrates the number of residents for each race/ethnicity category across different academic years.
<table>
<thead>
<tr>
<th>2021 - 2022 Action Items</th>
<th>Status</th>
<th>Percent Complete</th>
<th>Group Responsible</th>
<th>Aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Continue to increase support for PD/APD Community – supporting a strong community of Program Directors</td>
<td>GMEC incorporated quarterly PD Connection chats, Curriculum Subcommittee developed PD Guide available in UW Box Resources.</td>
<td>100%</td>
<td>Curriculum Subcommittee</td>
<td>1</td>
</tr>
<tr>
<td>2. Implementation of UWH CARES Program</td>
<td>Officially launched spring 2022</td>
<td>100%</td>
<td>GME Administration</td>
<td>1, 3, &amp; 5</td>
</tr>
<tr>
<td>3. Formalize annual Chief Resident Retreat</td>
<td>Preparing for the 2nd annual Chief Retreat. Working to organize annual mandatory retreat in May.</td>
<td>100%</td>
<td>GME Administration</td>
<td>1, 4, &amp; 5</td>
</tr>
<tr>
<td>4. Continue efforts to increase URM recruitment and provide a supportive, diverse, and inclusive environment</td>
<td>Continued partnership and collaboration with UWH and SMFP DEI leaders.</td>
<td>100%</td>
<td>Diversity, Equity, and Inclusion Subcommittee</td>
<td>1, 3 &amp; 4</td>
</tr>
<tr>
<td>5. Reorganization of Institutional GME Administration structure</td>
<td>Restructured GME administration to include GME Manager and Operations Supervisor position.</td>
<td>100%</td>
<td>GME Administration</td>
<td>1</td>
</tr>
<tr>
<td>6. Prepare for increasing ACGME institutional oversight requirements</td>
<td>GME reviews and tracks updated ACGME requirements. With the new requirement for DIO oversight/review of ADS, the DIO has developed a formal workflow for ADS reviews.</td>
<td>100%</td>
<td>Program Review Subcommittee</td>
<td>2 &amp; 4</td>
</tr>
<tr>
<td>7. Complete site surveys of affiliated institutions to confirm participating site requirements are being met (i.e., call rooms, access to food)</td>
<td>Ongoing</td>
<td>25%</td>
<td>GME Administration</td>
<td>1, 2, &amp; 4</td>
</tr>
<tr>
<td>8. Continue to gather best practices and create excellence in virtual/hybrid venues</td>
<td>GME facilitated discussions during PD/PC meetings to share best practices.</td>
<td>100%</td>
<td>Curriculum Subcommittee</td>
<td>1</td>
</tr>
<tr>
<td>9. Continue to monitor availability of Wellness resources for GME trainees</td>
<td>Reviewed and discussed at quarterly Resident Wellness Subcommittee.</td>
<td>100%</td>
<td>Well-Being Subcommittee</td>
<td>1</td>
</tr>
<tr>
<td>10. Formalize process to prepare for ACGME data driven focused site visits</td>
<td>Incorporated into Program Review process.</td>
<td>100%</td>
<td>Program Review Subcommittee</td>
<td>2</td>
</tr>
<tr>
<td>11. Continue support of organization wide GGenda implementation</td>
<td>GME Accreditation and Systems Coordinator fully supporting GGenda roll out.</td>
<td>45%</td>
<td>GME Administration</td>
<td>1</td>
</tr>
<tr>
<td>12. Using resident and program director guidance, develop criteria for program assignment vs. hotel system call rooms</td>
<td>Criteria has been completed with resident input and approved by GMEC.</td>
<td>100%</td>
<td>Well-Being Subcommittee/CAC</td>
<td>1</td>
</tr>
<tr>
<td>13. Work with clinical departments and UWH leadership to develop GME physician standardized professional development funds (books, computers, travel, etc.) guidance</td>
<td>Postponed to FY23.</td>
<td>0%</td>
<td>GME Administration</td>
<td>1</td>
</tr>
<tr>
<td>14. Facilitate successful inpatient rollout of Reduction of Opioid Reliance project at University Hospital and East Madison Hospital through education of GME physicians</td>
<td>Education curriculum has been completed and will be rolled out 7/15/22 - 8/1/2022.</td>
<td>90%</td>
<td>GME Administration</td>
<td>1 &amp; 5</td>
</tr>
</tbody>
</table>
Highlights 2021-2022

• UWH/UWSMPH DEI collaboration
  • GMEC appointment of UW Health Vice President of Diversity, Equity, and Inclusion and Associate Dean for Diversity and Equity Transformation – Shiva Bidar-Sielaff, MA
  • Quarterly DEI GMEC updates from Associate Deans Shiva Bidar-Sielaff and Dr. Jason Stephenson

• UW Health Creating Access for Rural and Underserved Populations through Education and Service (CARES) Rotation
  • Opportunity for residents and fellows to rotate and serve rural and underserved populations in WI.

• Development and implementation of leave policies
  • Expansion of parental/caregiver leave to meet new ACGME requirements

• Restructuring of GME office – Newly established positions
  • GME Manager
  • Operations Supervisor
  • Finance Program Manager
2022-2023 Action Plan

• Improve communication of emotional well-being services for UW Health/UWSMPH physicians and staff.
• In collaboration with UW Health PARS, formalize Program Director appointment process and position description.
• Add institutional GME physician leadership through development and approval of an Associate DIO position within existing approved FTE.
• Using GME physician feedback, implement process for submitting anonymous feedback to improve ACGME survey results.
• Complete site surveys of affiliated institutions to confirm participating site requirements are being met (i.e., sleep rooms, access to food).
• Using Value Streams, define the work of GME Administration using systems thinking, cross-functional teamwork, and continuous improvement.
• Explore strategies to increase GME Administration bandwidth, focusing on required work.
• Continue support of organization wide QGenda implementation.
• Collaborate to install self-serve sleep room reservation system with automated notification to environmental services for cleaning.
• Work with clinical departments and UWH leadership to develop GME physician standardized professional development funds guidance (for purchase of books, computers, travel, etc.)
• Facilitate successful inpatient roll-out of the Adult Inpatient Multi-modal Pain Program at University Hospital, and East Madison Hospital through education of GME physicians.
2022-2023 Highlights

- **Resident Well-Being – Fitness Facilities**
  - UW Health Fitness Center Access for Residents and Fellows both UW Health GME & Department of Family Medicine and Community Health

- **Formalize Program Director appointment process and position description**
  - Under review by the Physician Administrative Roles (PAR) Steering Committee

- **Additional institutional GME physician leadership – Associate DIO position request**
  - Under review by the Physician Administrative Roles (PAR) Steering Committee

- **Explore strategies to increase GME Administration bandwidth**
  - UW Health GME Bot opportunities

- **Collaborate to launch self-serve sleep room reservation system**
  - Set to launch in March 2023
Questions?

UW Health Graduate Medical Education
2639 University Ave, Suite 201
Mail Code 9920
Madison, WI 53705
(608) 263-0572 (option 5)
www.uwgme.org
uwgme@uwhealth.org
Business Integrity - Board of Directors Education

• Case Study
• Duties of Board of Directors
• UWHCA Board of Directors Conflict of Interest Policy
• UW Health Code of Conduct
• Seven Elements of an Effective Compliance Program
• OIG Guidance
  • Corporate Responsibility and Corporate Compliance – A Resource for Health Care Boards of Directors
  • Practical Guidance for Health Care Governing Boards on Compliance Oversight
Leadership & Management
Trustees called to resign from California hospital's board over conflicts of interest
Kelly Gooch - Thursday, August 25th, 2022

Community Health Defends Quality of Care at CRMC After Bee Articles
Published 5 months ago on September 1, 2022
By David Taub, Senior Reporter

Fresno hospital leaders prioritized personal interests over patients. They should resign

BY THE FRESNO BEE EDITORIAL BOARD
UPDATED AUGUST 29, 2022 1:33 PM
Business Integrity - Board of Directors Education

- Community Regional Medical Center - Fresno, CA
  - 685 Bed Regional Hospital & Trauma Center
  - Hosts UCSF Fresno Medical Education Program
  - Region’s Only Level 1 Trauma & Comprehensive Burn Center
  - 663 inpatients a day
  - 3,600 cardiovascular procedures a year
  - 12 Member Board of Directors
Business Integrity - Board of Directors Education

• Conflict of Interest?
  • Current Chair (Assemi) was recruited by Trustee (Dunn)
  • One year later, BOD expanded Clovis location - approximately $1 Billion
  • After expansion, Dunn and Assemi founded & opened For-Profit Pharmacy & Osteopathic Medical School 1 mile away from Clovis
  • Dunn’s term ends and continues to attend BOD meetings & reviews contracts as guest
  • Medical Center paid Medical School over $1 Million in contracts
  • Regulatory upgrades were not made to downtown Medical Center
Business Integrity - Board of Directors Education

- **Outcome**
  - Newspaper Investigation
  - Divided Community
  - No Charges
  - Assemi continues as Chair
Business Integrity - Board of Directors Education

- Duties of the Board of Directors
  - Fiduciary Duties
  - Commitment to Transparency
Business Integrity - Board of Directors Education

• Fiduciary Relationship: People or entities are given a power of any type, subject to a duty to exercise that power in the best interests of another
• Duty of Care
• Duty of Loyalty
Business Integrity - Board of Directors Education

- **Duty of Care**: Obligation of Corporate Directors to Exercise the Proper Amount of Care in Their Decision-Making Process in the Best Interest of UW Health

- **Decision Making Function**: The application of duty of care principles to a specific decision or a particular board action; and

- **The Oversight Function**: The application of duty of care principles with respect to the general activity of the board in overseeing the day-to-day business operations of the corporation i.e., the exercise of reasonable care to assure that corporate executives carry out their management responsibilities and comply with the law.
Business Integrity - Board of Directors Education

• **Oversight Function** (i.e., Caremark Case, Delaware Stone vs. Ritter):
  
  • A Board must act in good faith in the exercise of its oversight responsibility for its organization, including making inquiries to ensure:
    
    (1) a corporate information and reporting system exists and
    
    (2) the reporting system is adequate to assure the Board that appropriate information relating to compliance with applicable laws will come to its attention timely and as a matter of course
  
  • Opinion in Caremark case and now in Delaware Cases regarding compliance programs, “directors must make a good faith effort to implement an oversight system and then monitor it” themselves...”
Business Integrity - Board of Directors Education

• Duty of Loyalty: A UWHCA Director must discharge his or her obligation to the organization in a manner designed to benefit UWHCA and its mission, and not the interest of the Director or any other individual or entity

• Avoid Conflicts of Interest
  • As required by Wisconsin statute, UWHCA’s Board of Directors has members with duality of interests (i.e., to the UW, SMPH, and/or other constituencies
  • Remain focused on the mission and interests of UWHCA and properly reports the potential conflict, duality of interest should not ordinarily bar their participation in UWHCA’s corporate decision-making
  • The key reason for establishing such interlocking directorships is to create a mechanism for the entities to participate in, and be informed of, the decisions of each other

• Maintain confidentiality of information provided to UWHCA Directors
Business Integrity – UWHCA BOD COI Policy

• Definitions
• Conflict of Interest: A situation:
  • Where the outside interests or activities of the Director interfere or compete with UW Health’s interests or reduce the likelihood that such person’s influence can be exercised impartially in the best interests of UW Health.
  • Where the stake of the Director in a transaction or arrangement is such that it reduces the likelihood that such person’s influence can be exercised impartially in the best interests of UW Health.
  • Where a Director has divided loyalties.
  • Where an Excess Benefit Transaction would occur.
Business Integrity - UWHCA BOD COI Policy

• Definitions (Continued)

• Interested Person: A Director, with decision-making authority on behalf of UW Health
• Covered Interest: Related Party who has ownership/investment interest, compensation (including gifts and favors), legal commitment (including board appointment) in an entity that has or is negotiating a transaction or arrangement with UW Health with a five-year lookback period
• Related Party: Any Director or Relative (includes spouse, domestic partner, siblings, children, etc.), serves as a director, trustee, officer, employee, volunteer, owns greater than 35% in an entity/trust, or has a partnership/professional ownership interest in excess of 5%
• Excess Benefit Transaction: Transaction in which an economic benefit is provided by UW Health, directly or indirectly, to or for the use of a disqualified person and the value of the economic benefit provided by UW Health exceeds the value of the consideration (including the performance of services) received by UW Health
Business Integrity - UWHCA BOD COI Policy

• Procedures, Statements & Disclosures

  • Duty to Disclose: A Covered Person must disclose in writing to the Chair the existence of any actual, potential, or perceived Conflict of Interest

  • Determining Whether a Conflict of Interest Exists: The Chairperson will determine if a Conflict of Interest exist and appropriate next steps. If necessary, the Business Integrity Office will assist in this determination

  • Annual Disclosure & Certificate: Each Director shall file Annual Statement of Economic Interest and a statement of certifying receipt, understanding, and agreement to comply with the COI Policy and Code of Conduct
Business Integrity - Code of Conduct

• UW Health Code of Conduct:
  • Patient Rights & Responsibilities
  • Business Ethics & Legal/Regulatory Compliance
    • Coding, Billing, and False Claims Act
    • Research
  • Confidentiality
    • Patient Information
  • Conflicts of Interest
    • Gifts
  • Professional Conduct
  • Resource Management
  • Workplace Responsibility

• Reviewed & Signed Annually
Business Integrity – Compliance Program Elements

• Seven Elements of Effective Compliance Program:
  • Implementing written policies, procedures and standards of conduct
  • Designating a compliance officer and compliance committee
  • Conducting effective training and education
  • Developing effective lines of communication
  • Conducting internal monitoring and auditing – Fraud, Waste, & Abuse
  • Enforcing standards through well-publicized disciplinary guidelines
  • Responding promptly to detected offenses and undertaking corrective action

• Websites
  • [https://uconnect.wisc.edu/depts/uwhealth/business-integrity/](https://uconnect.wisc.edu/depts/uwhealth/business-integrity/)
  • [https://www.uwhealth.org/about-us/business-integrity-program](https://www.uwhealth.org/about-us/business-integrity-program)
Business Integrity – OIG Guidance

• Questions for Directors – Compliance Program
  • Structural Questions
    • Key Employees – Compliance Officer
    • Reporting Structure to Governance – Compliance & Audit Committees
    • Frequency of Compliance Reporting Management and Governance
  • Operational Questions
    • Policies and Procedures Including Code of Conduct
    • Compliance Infrastructure and Resources
    • Measures to Prevent Violation Including Education & Auditing and Monitoring
    • Measures to Respond to Violations Including Corrective Action and Implementation of a Hotline
Business Integrity Board of Directors Education

Questions?
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A MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

Friends & 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 working environment 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 assist employees in maneuvering 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 & 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.

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
- Telephone: (800) 442-5675 (toll free)
- Online: www.swedishamerican.ethicspoint.com

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 Heath 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 & LEGAL/REGULATORY 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. Employees who lawfully and in good faith report known or suspected activity of this type are protected from retaliation to the furthest extent possible under both federal and state law. UW Health performs routine auditing and monitoring, with internal controls, to prevent and detect fraud, waste, and abuse. We cooperate fully with internal and external auditors and any regulatory agencies that examine our financial records.

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 management 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. Employee 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.

VIII. PRINCIPLE OF PROFESSIONAL CONDUCT
UW Health expects all medical staff, employees, and agents to work in a professional manner. Due to the high expectations of our health care providers UW Health has adopted Guidelines for Professional Conduct of Physician Faculty in the Clinical Setting. Please refer to this document for additional guidelines if necessary.

IX. PRINCIPLE OF RESOURCE MANAGEMENT
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 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 purposes 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 & Safety

In 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, any involvement in the unlawful use, sale, manufacture, distribution or possession of controlled substances illicit drugs and/or unauthorized use of alcohol in the workplace or working under the influence of such substances 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 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 characteristics 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.
CODE OF CONDUCT ACKNOWLEDGEMENT FORM

I acknowledge that:

- I have received the UW Health Code of Conduct and 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 report potential compliance issues to a supervisor, contact the Business Integrity Office, or call 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:____________________
BOARD CONFLICT OF INTEREST POLICY

ARTICLE I
PURPOSE, SCOPE, AND APPLICATION

1. The purpose of this Board Conflict of Interest Policy (the “Policy”) is to protect the interests of University of Wisconsin Hospitals and Clinics Authority (“UWHCA”) when it is contemplating entering into a transaction or arrangement that might benefit or appear to benefit the private interest of any member (“Director”) of the Board of Directors (“Board”) of UWHCA or any Committee member, indirectly benefit a Related Party, or result in a possible Excess Benefit Transaction. UWHCA was created as a public body corporate and politic in Chapter 233 of the Wisconsin Statutes to serve the purposes set forth in Section 233.04(3b)(a) of the Wisconsin Statutes, and each Director and Committee member must act and use good judgment to maintain and further UWHCA’s purposes and to maintain the public’s trust and confidence in UWHCA.

2. This Policy establishes guidelines, procedures, and requirements for:

(a) Identifying a Conflict of Interest and situations that may result in actual, potential, and/or perceived Conflict of Interest; and

(b) Appropriately managing a Conflict of Interest in accordance with legal requirements and the goals of accountability and transparency.

3. This Policy applies to all Directors of UWHCA and all Committee members. All Directors and Committee members must familiarize themselves with and adhere to the principles and rules set out in this Policy.

4. This Policy is intended to supplement but not replace any state and federal laws governing conflicts of interest applicable to non-profit and charitable organizations.

ARTICLE II
DEFINITIONS

1. “Committee” means any committee of the Board, including any joint committee of the Board and the Board of Directors of University of Wisconsin Medical Foundation, Inc., and any subcommittee of any such committee.

2. “Compliance Committee” means the UW Health Compliance Committee, which is a standing committee of the Board.

3. “Conflict of Interest” means a situation:

(a) Where the outside interests or activities (such as Covered Interests) of a Director or Committee member interfere or compete with UW Health’s interests or reduce the likelihood that such person’s influence can be exercised impartially in the best interests of UW Health.
(b) Where the stake of a Director or Committee member in a transaction or arrangement is such that it reduces the likelihood that such person’s influence can be exercised impartially in the best interests of UW Health.

(c) Where a Director or Committee member has divided loyalties.

(d) Where an Excess Benefit Transaction would occur.

(e) Which is prohibited by Section 19.46 of the Wisconsin Statutes.

4. “Covered Interest” means when any Director or Committee member has directly, or indirectly, through a Related Party:

(a) An ownership or investment interest in any entity with which UW Health has a transaction or arrangement.

(b) A compensation arrangement with UW Health or with any entity or individual with which UW Health has a transaction or arrangement.

(c) A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which UW Health is negotiating a transaction or arrangement.

(d) A legal commitment or financial interest, including by virtue of a board appointment, employment position, or volunteer arrangement, to act in the interests of another entity or individual.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial. A Covered Interest is not necessarily a Conflict of Interest. Under Article III.2, a person who has a Covered Interest may have a Conflict of Interest only if the Board decides that a Conflict of Interest exists.

5. “Excess Benefit Transaction” means any transaction in which an economic benefit is provided by UWHCA, directly or indirectly, to or for the use of a disqualified person and the value of the economic benefit provided by UWHCA exceeds the value of the consideration (including the performance of services) received by UWHCA. A “disqualified person” is any person who was in a position to exercise substantial influence over the affairs of the non-profit at any time during a five-year look-back period, ending on the date of the transaction, and includes, but is not limited to UWHCA’s directors, officers, Related Parties, as defined herein.

6. “Interested Person” means any Director or Committee member who has a direct or indirect Covered Interest.

7. “Related Party” means any one of the following persons or entities:

(a) Any director, officer, employee, committee member, or volunteer of UW Health or its affiliates.

(b) Any Relative of any individual described in subsection 7(a) above.

(c) Any entity or trust of which any individual described in subsection 7(a) or 7(b) above serves as a director, trustee, officer, employee, or volunteer.
(d) Any entity or trust in which any individual described in subsection 7(a) or 7(b) above has a thirty-five percent (35%) or greater ownership or beneficial interest.

(e) Any partnership or professional corporation in which any individual described in subsection 7(a) or 7(b) above has a direct or indirect ownership interest in excess of five percent (5%).

(f) Any other entity or trust in which any individual described in subsection 7(a) or 7(b) above has a material financial interest.

8. “Relative” means any one of the following persons:

(a) The spouse or domestic partner of an Interested Person.

(b) The ancestors of an Interested Person.

(c) The siblings or half-siblings, children (whether natural or adopted), grandchildren, and great-grandchildren of an Interested Person.

(d) The spouse or domestic partner of any person described in subsection 8(c) above.

9. “UW Health” means the combined clinical enterprise of UWHCA, University of Wisconsin Medical Foundation, Inc. and their respective or jointly wholly-owned subsidiaries.

ARTICLE III
PROCEDURES

1. Duty to Disclose. An Interested Person must disclose the existence of any actual, potential, or perceived Conflict of Interest as soon as such Interested Person identifies that there may be a Conflict of Interest, and before UW Health enters into the proposed transaction or arrangement that gives rise to the Conflict of Interest.

(a) The disclosure shall be made in writing to the Chairperson of the Board, unless the disclosure is being made by the Chairperson, in which case the disclosure should be made to the Chairperson of the Compliance Committee.

(b) The Interested Person shall be given the opportunity to disclose all material facts relating to the matter, including the circumstances giving rise to the Conflict of Interest.

2. Determining Whether a Conflict of Interest Exists. After disclosure of the actual, potential, or perceived Conflict of Interest, the Board, after consultation with the Compliance Committee, shall determine whether a Conflict of Interest exists by following the procedures described in this Section 3:

(a) The Interested Person shall disclose all material facts relating to the potential Conflict of Interest to the Board.

(b) After any discussion between the Board and the Interested Person, the Interested Person shall leave the Board meeting as applicable, while the determination of a Conflict of Interest is discussed and voted upon.
The Board members, other than the conflicted Interested Person(s), if applicable, shall decide if a Conflict of Interest exists. If the remaining Board members determine by majority vote that no conflict exists, no further review of the matter by the Board is required if not ordinarily required in the normal course of business. The discussion and determination of the existence of a Conflict of Interest shall be documented in accordance with the procedures outlined in Article IV below.

The determination that a Conflict of Interest exists shall require the Board and the Interested Person to follow the procedures outlined in Article III.3 below.

3. Procedures for Addressing the Conflict of Interest. To address a Conflict of Interest, the Board shall follow the procedures described in this Section 3:

(a) An Interested Person may make a presentation at the Board or Committee meeting, if appropriate, but after the presentation, the Interested Person shall leave the meeting during the discussion of, and if applicable, the vote on, the matter involving the Conflict of Interest.

(b) The Interested Person shall not request or accept any confidential information provided to the Board or Committee regarding the matter that is the subject to the Conflict of Interest.

(c) The Interested Person shall not attempt to intervene with or improperly influence the deliberations or voting on the matter giving rise to the Conflict of Interest.

(d) The Chairperson of the Board shall, if appropriate, appoint a disinterested person or committee to investigate market information and alternatives to the proposed transaction or arrangement, including obtaining comparability data when determining pricing and/or compensation.

(e) After exercising due diligence, including, if appropriate, investigating whether UW Health can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a Conflict of Interest, the Board shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is: (i) in the UW Health’s best interests; (ii) for its own benefit; and (iii) fair and reasonable.

(f) In conformity with the above determinations, the Board shall make its decision on the matter that is the subject of the Conflict of Interest.

If the Conflict of Interest involves a Committee member and/or a matter that is before a Committee rather than the Board, the matter that is the subject of the Conflict of Interest shall be referred to and acted upon by the Board as provided in this Article III.3, and not by the applicable Committee.

4. Violations of the Conflict of Interest Policy.

(a) If the Board has reasonable cause to believe an Interested Person has failed to disclose an actual, potential, or perceived Conflict of Interest, it shall inform the Interested Person of the basis for such belief and afford the Interested Person an opportunity to explain the alleged failure to disclose.

(b) If, after hearing the Interested Person's response and after making further investigation as warranted by the circumstances, the Board determines the Interested Person has
failed to disclose an actual, potential, or perceived Conflict of Interest, the Board shall take appropriate action to mitigate any adverse effect to UW Health resulting from such failure to disclose.

   (c) Each Director and Committee member is responsible for reporting to the Board any suspected failure to disclose by any Interested Person, regardless of position.

5. **Confidentiality.**

   (a) Subject to the state’s open meetings law, Section 19.81-19.98, Wisconsin Statutes, Board and/or Committee discussions relating to the determination of the existence of a Conflict of Interest shall take place in closed session.

   (b) Subject to the state’s public records law, Section 19.31-19.39, Wisconsin Statutes, UWHCA shall maintain the confidentiality of any disclosures made in connection with this Policy and limit access to the information in accordance with UWHCA’s Director Confidentiality Policy as in effect from time to time.

   (c) Each Director and Committee member shall exercise care not to use, publish, or disclose confidential information acquired in connection with disclosures of actual, potential, or perceived Conflicts of Interest during or subsequent to his or her participation on the Board.

6. **Documentation in Minutes.** Board or Committee minutes, as applicable, will contain:

   (a) With respect to the determination of whether a Conflict of Interest exists, the name of the Interested Person who disclosed or was otherwise found to have a potential, perceived, or actual Conflict of Interest; the nature of the potential, perceived, or actual conflict of interest; any action taken to determine whether a Conflict of Interest was present; and the Board or Committee’s decision as to whether a Conflict of Interest in fact existed.

   (b) With respect to whether or not the Conflict of Interest matter, transaction, or arrangement is approved, the names of the persons present for the discussions and vote related to such matter, transaction, or arrangement; the content of the discussion; whether alternatives were discussed that did not involve a Conflict of Interest; the basis for the determination that the matter, transaction, or arrangement was in UW Health’s best interest, for its own benefit and fair and reasonable; and the record of the vote taken in connection with the proceedings.

7. **Application of Section 19.46 of the Wisconsin Statutes.** This Policy and the responsibilities and obligations of Directors and the Board (and Committee members) set forth herein are in addition to, and shall not alter, circumvent, or replace the statutory prohibitions, obligations, and rights set forth in Section 19.46 of the Wisconsin Statutes.

**ARTICLE IV**

**ANNUAL STATEMENTS AND DISCLOSURES**

1. **State Disclosure.** Each Director shall comply with his or her obligation to file with the state an annual statement of economic interest pursuant to Section 19.43-19.44, Wisconsin Statutes (“Annual State Disclosure”). The UW Health Office of Business Integrity in consultation, as appropriate, with the UW Health Office of Corporation Counsel, will review each Director’s Annual State Disclosure and will refer any potential, perceived, or actual Conflict of Interest identified thereon to the Board and with respect to any matter so referred, the Board shall follow the procedures set forth in Article III of this Policy.
2. **Annual Certificate.** Each Director and Committee member shall also annually sign a statement certifying to the Board that such person:

(a) Has received a copy of this Policy, the Director Confidentiality Policy, and the UW Health Code of Conduct;

(b) Has read and understands this Policy, the Director Confidentiality Policy, and the UW Health Code of Conduct;

(c) Has agreed to comply with this Policy, the Director Confidentiality Policy, and the UW Health Code of Conduct.

**ARTICLE V**

**USE OF OUTSIDE EXPERTS**

When conducting a Conflict of Interest determination as provided for in Article III, UWHCA may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its fiduciary duties or responsibilities when considering a transaction or arrangement with an Interested Person or Related Party.

**ARTICLE VI**

**AMENDMENT**

This Policy maybe amended upon action of the Board or Executive Committee pursuant to the Bylaws or as otherwise authorized by the Board.