UNIVERSITY OF KENTUCKY BOARD OF TRUSTEES

R. Brett Short, Chief Compliance Officer

Corporate Compliance Activities

Privacy Team

- Health Insurance Portability and Accountability Act (HIPAA)
- Business Associate Agreements
- Treatment, Payment, Operations
- Patient Access to Records
- Amendment of Records
- Accounting of Disclosures
- Disposal of Paper
- Federal HIPAA Breach Notification
- Kentucky Breach Notification (HB 5)
- Breach Analysis
- Law Enforcement Requests for Patient Information
- Patient Privacy Rights

Compliance Team

- Fraud, Waste and Abuse
- Controlled Substances Act
- Stark Law
- Contractual Arrangements
- 340B Discount Drug Pricing Program
- Telehealth
- Medical Device Management
- Emergency Medical Treatment and Labor Act (EMTALA)
- Gifting
- Anti-Kickback Statute
- Kentucky All Schedule Prescription Electronic Reporting System (KASPER)
- First Tier, Downstream and Related Entity (FDR) Compliance
- Conflict of Interest
- False Claims Act
- Provider-Based Requirements
- OIG Work Plan

Audit Team

- Billing Guidance
- Documentation Guidelines
- Government and Commercial Payer Audits
- Post-Payment Review
- Physician and Coder Education
- Overpayments
- Professional Fee Claims
- Procedure (CPT) Codes
- Modifier Usage
- General Billing Requirements
- Payer Rules and Regulations
- Underpayments
- Code Assignments
- Teaching Physician Rules

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The Seven Fundamental Elements of an Effective Compliance Program

Source: Office of Inspector General, U.S. Department of Health and Human Services (HHS); https://oig.hhs.gov/documents/provider-compliance-training/945/Compliance101tips508.pdf

OFFICE OF CORPORATE COMPLIANCE

Effectiveness Reporting

		Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	TOTAL	
1. Written Policies, Procedures, and Standards of Conduct	Enterprise Policies Reviewed/Revised	1	1	1	-	**3**	
	Compliance Program Policies Reviewed/Revised	-	-	14	-	**14**	
2. Oversight: Designating a Compliance Committee and Chief Compliance Officer	Compliance Committee Meeting Participation	n/a	n/a	92%	79%	**85%**	
	Compliance Report Provided to Board Chair	100%	100%	100%	100%	**100%**	
3. Training and Education	New Employee Orientation on Compliance and Privacy	545	409	613	488	**2,055**	*100% New Employees*
	New Provider Orientation on Compliance, Privacy, and Billing Compliance	224	40	60	58	**382**	*100% New Providers*
	All Other Training on Privacy and Compliance	133	100	112	82	**427**	
4. Effective Lines of Communication	UK HealthCare (UKHC) Comply-Line Reports Received	42	40	33	37	**152**	
	Compliance Issues / Incidents (Reported Directly to Compliance)	41	28	69	52	**190**	
	Privacy Incidents; Not Reportable to Office of Civil Rights	118	115	117	164	**514**	
	Office of Civil Rights Formal Inquiry	1	-	1	-	**2**	
	Compliance Exit Interviews Conducted (Leadership Level)	-	-	1	3	**4**	
5. Risk-Based Monitoring and Auditing	EMTALA Report Investigations	4	-	3	4	**11**	*No Violations*
	Pharmacy Modifiers Audited	57	57	43	40	**197**	
	340B Contract Pharmacy Diversion Monitoring (Prescriptions)	1,238	1,495	1,469	711	**4,913**	
	340B UKHC Pharmacy Diversion Monitoring (Retail and Hospital Prescriptions)	1,080	1,082	981	239	**3,382**	
	340B Provider Eligibility: Variances corrected by UKHC	17	11	12	29	**69**	
	OIG Sanction Screening Verification Tier 1 (Individuals Reviewed)	35	34	34	34	**137**	
	Contracts Reviewed	28	31	39	38	**136**	
	Stark Law Non-Monetary Monitoring (Recipients)	1	3	11	22	**37**	
	Conflict of Interest Completion (Full-time Faculty and APP*; March Launch)	97.5%	99.9%	74.6%	97.8%	**97.8%**	
	Conflict of Interest Completion (Portion of UKHC Staff; November Launch)	n/a	75.0%	90.0%	95.6%	**95.6%**	
	Hospital Internal Inpatient Visits/Encounters Monitored	551	623	461	294	**1,929**	
	Hospital Internal Outpatient Codes Monitored	316	2,605	1,012	730	**4,663**	*New Provider: 421*
	Documentation and Coding Compliance Audits (Visits/Encounters)	598	200	279	539	**1,616**	*Telehealth: 367*
6. Disciplinary Guidelines	Privacy Incidents Reportable to OCR as Breaches	11	8	3	5	**27**	
	Affected Individuals in Breaches**	161,767	110	3	5	**161,885**	*Blackbaud Incident*
7. Organizational Response and Corrective Action	Privacy Incidents with Corrective Action	8	6	12	9	**35**	
	Privacy Breaches Resulting in Termination	1	-	2	-	**3**	

Advanced Practice Providers (APP) added to surveys in March 2021 per Sunshine Act guidance updates

**Blackbaud Security Incident 161,745 affected individuals*

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Privacy Activity and Accomplishments

Guidance Support Provided

- Patient Right of Access
- Epic Implementation Engagement
- COVID-19 Regulations

	FY19	FY20	FY21
Termination for Privacy Violations:	3	2	3
Office for Civil Rights (OCR) Formal Inquiry:	1	0	2

Chart data:
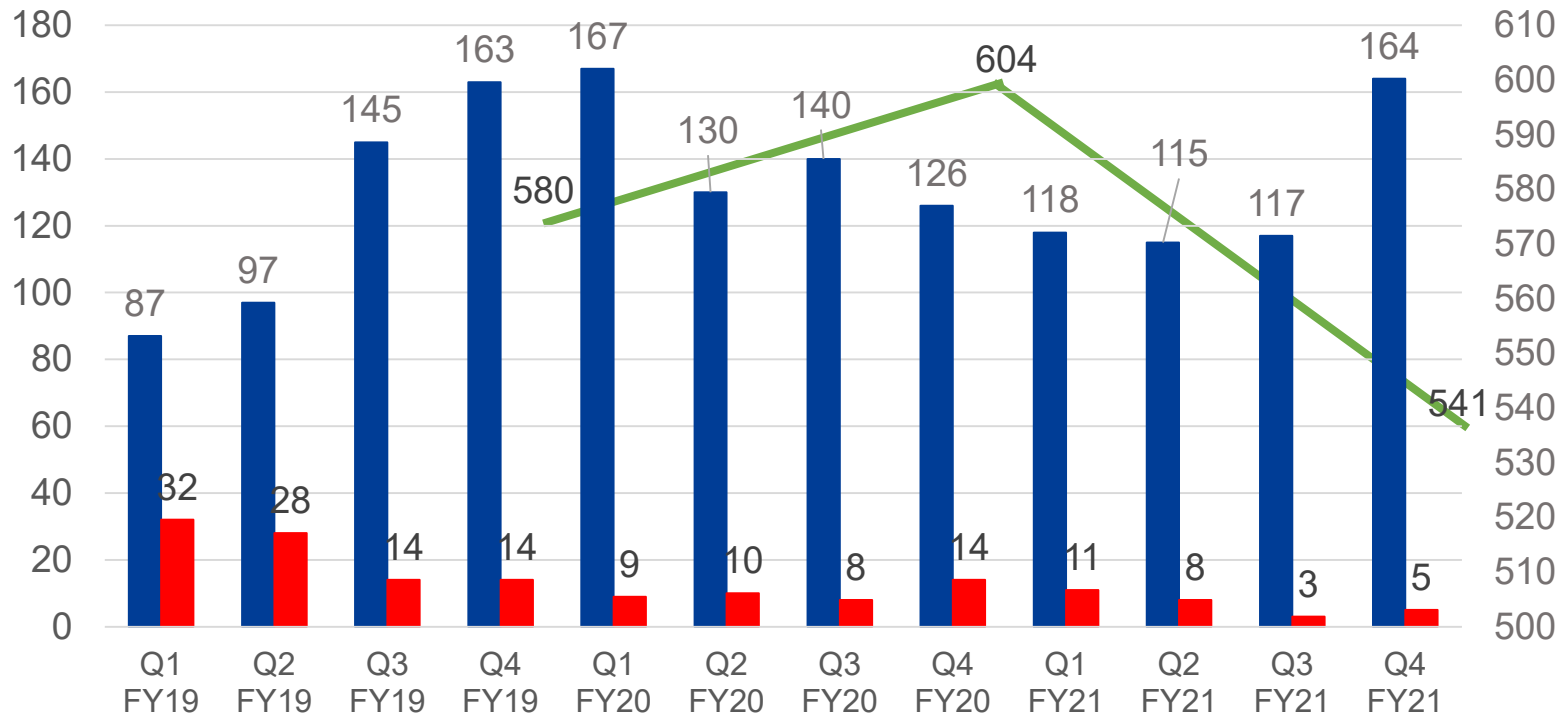
	Q1 FY19	Q2 FY19	Q3 FY19	Q4 FY19	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21
Privacy Investigations Not Reportable to OCR	87	97	145	163	167	130	140	126	118	115	117	164
Breaches Requiring Notification to OCR	32	28	14	14	9	10	8	14	11	8	3	5
Total Investigations					580			604				541

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Compliance Activity and Accomplishments

Status

Risk Ranking

MM	**Conflict of Interest Questionnaire now includes Advanced Practice Providers per Sunshine Act**	✓
MH	**340B Drug Pricing Program External Audit and Response Plan**	✓
MM	**Pharmacy Collaborative Care Agreements and Board-approved Protocols**	✓

Risk Ranking Key:
MH = Moderate Impact/High Probability
MM = Moderate Impact/Moderate Probability

Status Key:
✓ = Complete

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Audit Activity and Accomplishments

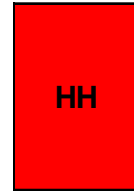| Activity	Total
Professional Audits	249 encounters
Focused Audits	479 encounters
OIG Work Plan Audits	30 encounters
Telehealth Audits	367 encounters
Clinical Research Audits	70 encounters
New Provider Training	382 individuals
E/M Coding Education	13 sessions

Risk Ranking | Status

HH
Evaluation and Management (E/M) Coding Guidelines - 2021 Updates
- Ongoing education
- Audits on provider documentation and coder audits
- Training opportunities based on audit findings

MH
Office of Inspector General (OIG) Work Plan - Internal Audits
- Relevant audits completed
- Training opportunities based on audit findings

MM
New Provider Onboarding Process
- Ongoing education providing guidance on compliant documentation
- Audits on provider documentation
- Training opportunities based on audit findings

Risk Ranking Key:
HH = High Impact/High Probability
MH = Moderate Impact/High Probability
MM = Moderate Impact/Moderate Probability

Status Key:
✓ = Complete
⚙ = In Progress

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Current Activity for Awareness

Privacy Team

- HIPAA Covered Entity

- Office of Civil Rights Continued Emphasis on Right of Access

- September 30, 2021 - Office of Civil Rights release of guidance FAQ's on HIPAA, COVID-19 Vaccination and the Workplace

Compliance Team

- External Affairs: Third-party relationships

- EMTALA:
  - Increase in reports
  - Training response
  - September 17, 2021 - CMS reminder of obligations specific to patients who are pregnant or experiencing pregnancy loss

- Controlled Substances Diversion Monitoring and Drug Enforcement Administration (DEA) Reports

Audit Team

- Telehealth

- Provider-Based Clinics: Billing guidance

- Documentation and Coding Guidance Updates and Education

- Epic Electronic Health Record Optimization Support

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QUESTIONS

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