UNIVERSITY OF KENTUCKY BOARD OF TRUSTEES

R. Brett Short, Chief Compliance Officer, Interim Chief Privacy Officer, UK HealthCare

Noelle True, Assistant Chief Compliance Officer, UK HealthCare

Sarah Hines, Associate Privacy Director, UK HealthCare

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Program Overview — Areas of Focus

COMPLIANCE

- Fraud, Waste, and Abuse
- Controlled Substances Act
- Stark Law
- Contractual Arrangements
- Outreach
- 340B Drug Discount Program
- Telehealth
- EMTALA
- Gifting
- Anti-Kickback Statute
- KASPER
- FDR Compliance
- Conflicts of Interest
- False Claims Act
- Provider-Based Requirements
- OIG Work Plan
- Surprise Billing
- Price Transparency

AUDITING

- Documentation Guidelines
- RAC 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

PRIVACY

- Health Insurance Portability and Accountability Act
- Business Associate Agreements
- Treatment, Payment, Operations
- Patient Access to Records
- Amendment of Records
- Accounting of Disclosures
- Disposal of Paper
- Breach Notification
- Breach Analysis
- Law Enforcement Requests for Patient Information
- Patient Privacy Rights
- Information Blocking
- Covered Entity Determination

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Organizational/Role Updates

- Research Compliance Manager

- Billing Compliance Officer

- Four Additional Billing Compliance Auditors (one in process)

- System Privacy Officer — in process

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Guiding Principles

7 Elements of a Successful Compliance Program

1. Written Policies and Procedures
2. Compliance Leadership and Oversight
3. Training and Education
4. Effective Lines of Communication with the Compliance Officer and Disclosure Program
5. Enforcing Standards: Consequences and Incentives
6. Risk Assessment, Auditing, and Monitoring
7. Responding to Detected Offenses and Developing Corrective Action Initiatives

IDENTIFY RISK
- Review trending issues, integrity agreements, and enforcement actions affecting the health care industry
- Partner with key stakeholders to identify issues

ASSESS RISK
- Conduct risk assessment
- Audit relevant data

MONITOR RISK
- Develop plan to audit or monitor implemented risk controls
- Re-assess risk as needed

MITIGATE RISK
- Develop standards, procedures, or policies
- Educate/train staff

The Office of Corporate Compliance continuously monitors and assesses potential risks to the health care enterprise.

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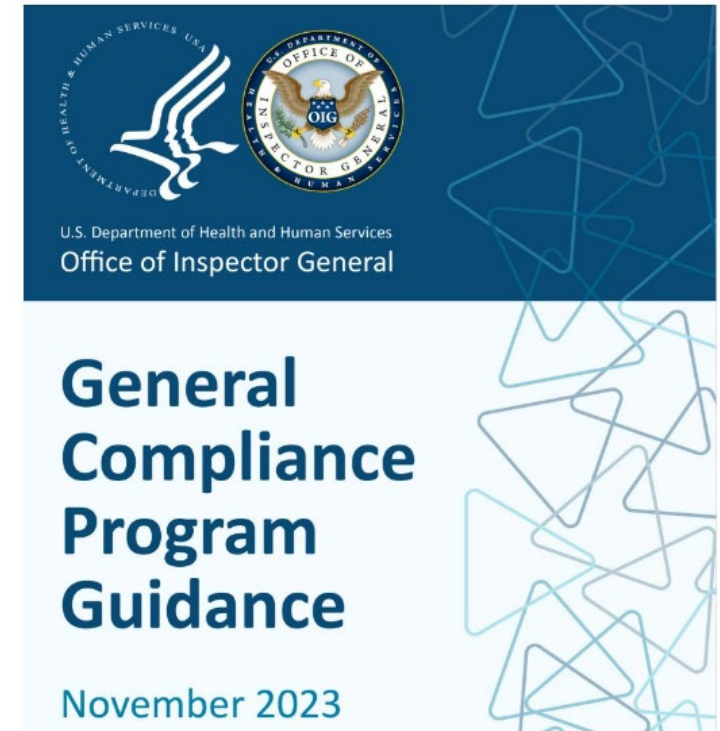# New General Compliance Program Guidance (GCPG)

Office of Inspector General Updated GCPG in Nov. 2023

Six areas of enhanced clarification of guidance:

1. Compliance Leadership and Oversight
2. Effective Trainings and Communications
3. Risk Assessment – Formal Process
4. Quality and Safety
5. Small and Large Entities
6. Private Equity, New Entrants, and New Players

Actions taken in response to updated GCPG:
- ✓ Formed GCPG Work group (Compliance, Legal, HR, Quality, Strategy)
- ✓ Added members to Compliance Committee (Quality, Risk, IT, HIM, Marketing/Strategy)
- ✓ Met with HR to discuss possible compliance incentives for workforce
- ✓ Discussions regarding adding Ethics or Integrity to organizational values
- ✓ Created Risk Assessment Subcommittee (of Compliance Committee)
- ✓ Quality Reports added to Compliance Committee meetings
- ✓ Updated Board Training Materials

U.S. Department of Health and Human Services
Office of Inspector General

General Compliance Program Guidance

November 2023

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FY24 Risk Assessment and Work Plan — Complete

| Rank	Risk	Corporate Compliance	Work Plan FY24 Status
1	Individual Right to Access of Records	Privacy	Complete
2	Clinical Research Billing	Billing Compliance/Compliance	Complete
3	Business Associates/ Contract Management	Privacy	Complete
4	Partnerships/New Business	Billing Compliance	Complete
5	Dentistry Controlled Substance Diversion	Health Professions Colleges	Complete
6	Dental Billing	Billing Compliance/Health Professions Colleges	Complete
7	Telehealth Billing	Billing Compliance	Complete
8	Research Data Security	Privacy/ Research Compliance	Complete
9	Government Audits	Billing Compliance	Complete
10	Surprise Billing & Pricing Transparency	Compliance	Complete
11	Controlled Substance Diversion	Compliance	Complete
12	Dental Sedation	Health Professions Colleges	Complete
13	Confidential Communications to Patients	Privacy	Complete
14	Dental Documentation	Billing Compliance	Complete
15	Employees' (or External Party) Appropriate Access to PHI / Health Records	Privacy	Complete
16	Social Media Standards for Patient Confidentiality	Privacy	Complete

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FY25 Risk Assessment and Work Plan Progress (as of Nov. 13, 2024)

Rank	What is the risk?	Work Plan Status			
		FY25 Q1	FY25 Q2 TD	FY25 Q3	FY25 Q4
1	Individual Right to Access of Records	Complete	Complete - Oct	Jan/Feb/Mar	Apr/May/June
2	Clinical Research Billing	Complete	December	March	June
3	Controlled Substance Diversion	Complete	December	March	June
4	Business Associates/ Contract Management	Complete	Complete - Oct	January	April
5	Partnerships/New Business	Complete	December	March	June
6	Community Connect	Complete	Complete	January	April
7	Dental Billing	Complete	Complete	January	April
8	Dentistry Controlled Substance Diversion	Complete	November	February	May
9	Research Data Security	Complete	Complete - Oct	Jan/Feb/Mar	Apr/May/June
10	Deprovisioning Email/Epic Access	Complete	Complete - Oct	Jan/Feb/Mar	Apr/May/June
11	Telehealth Billing	Complete	November	February	May
12	Vendor Compliance	—	Complete	March	—
13	Government Audits	Complete	Complete	January	April
14	Dental Sedation	Complete	Complete	January	April
15	Controlled Substance Prescribing	—	Complete - Oct	—	May
16	Coding and Billing	Complete	Complete - Oct	Jan/Feb/Mar	Apr/May/June
17	340B Program & Diversion	Complete	Complete - Oct	Jan/Feb/Mar	Apr/May/June
18	Durable Medical Equipment	—	Complete	—	April
19	Social Media Standards for Patient Confidentiality	—	—	February	—
20	Confidential Communications to Patients	—	—	January	—
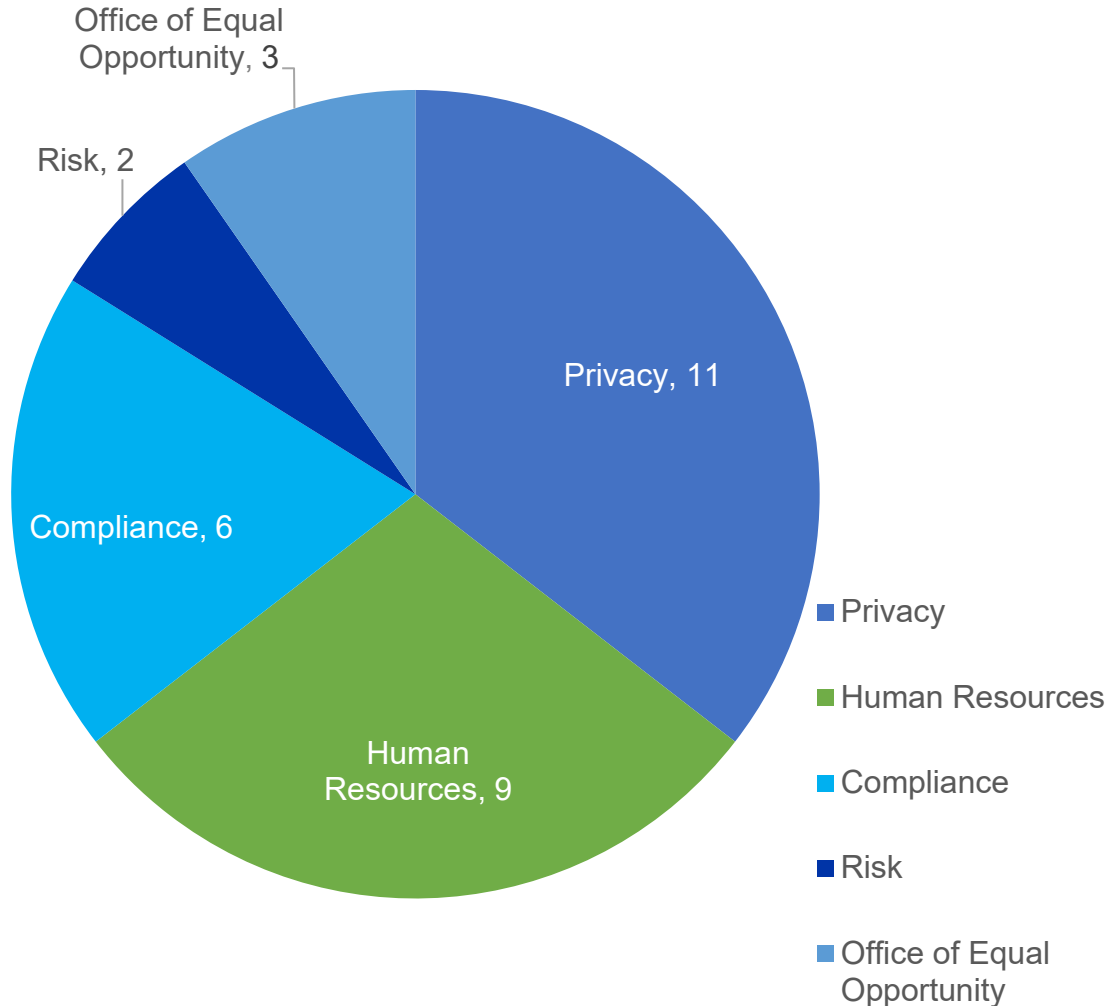
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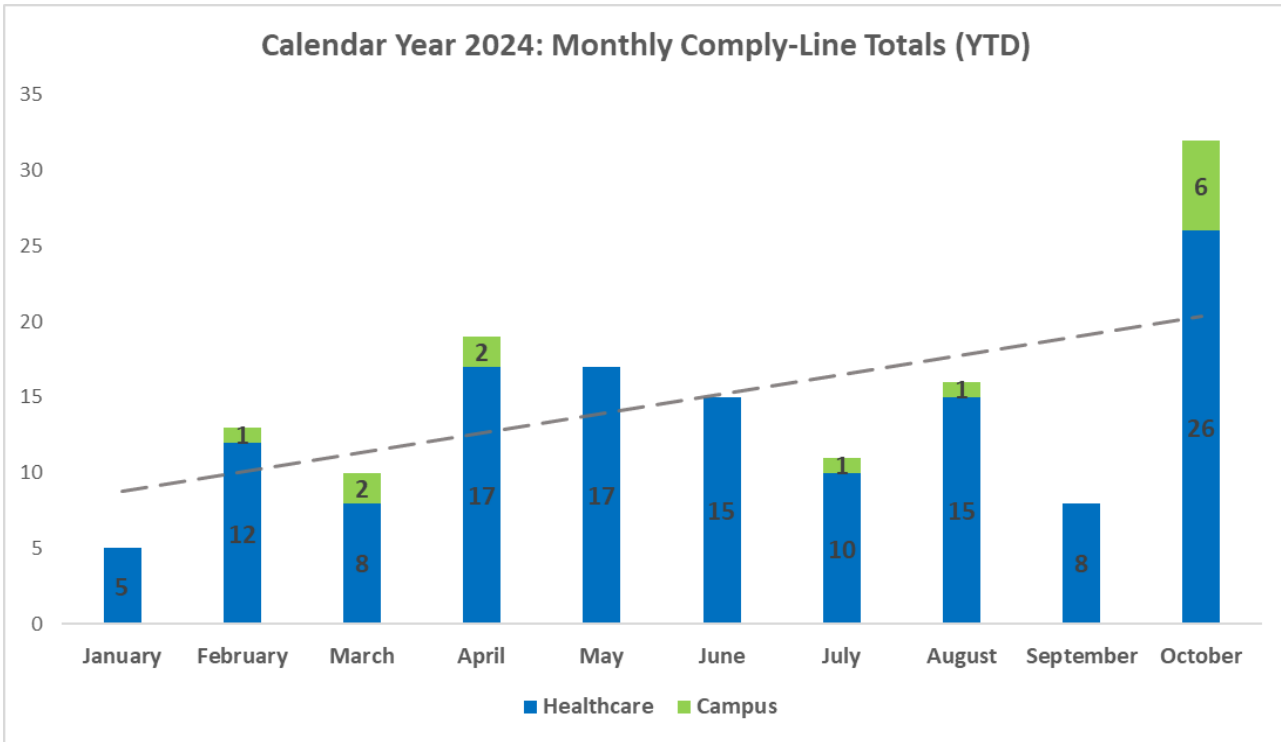
Conflict of Interest Update
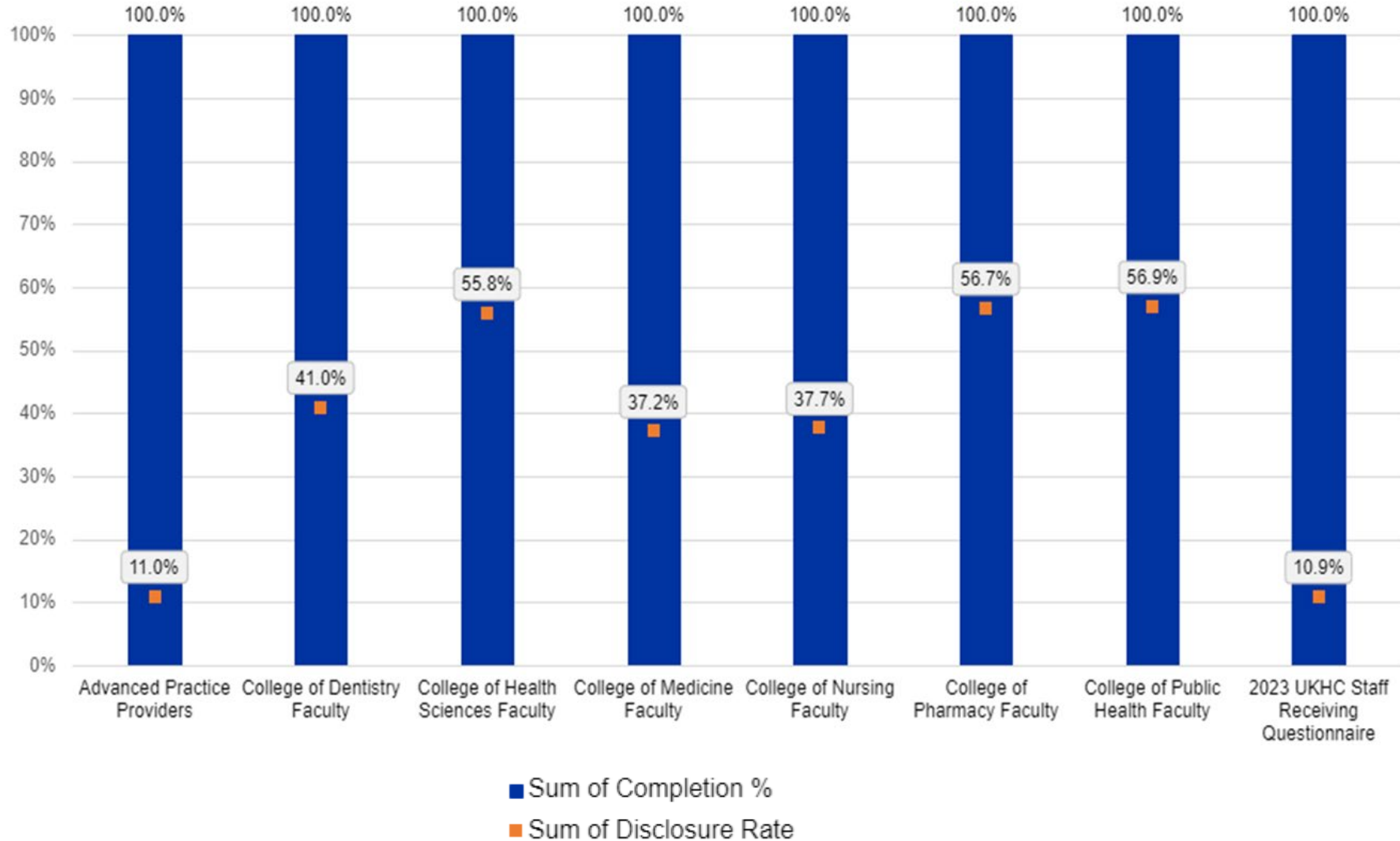
Faculty/Advanced Practice Providers Questionnaire
- 3/1/24 launch
- 2196 faculty/APPs
- 100% completion rate
- 31% disclosure rate

Staff Questionnaire
- Nov. 20, 2024, launch
- Dec. 13, 2024, deadline
- 711 staff
- $120K salary threshold

# Compliance Update: Regulatory Audits

- ✓ **Institutional DEA Suffix** — audit to ensure residents have DEA #/Suffix in Epic; no significant findings.

- ✓ **Important Message from Medicare (IMM) form** — audit of patient admissions to ensure IMM provided as required by CMS; additional education provided.

- ✓ **Medicare Outpatient Observation Notice (MOON) form** — audit of patient observation encounters to ensure MOON form provided as required by CMS; improved workflow for Medicare Advantage plans.

- ✓ **Medicare Secondary Payer Questionnaire (MSPQ)** — audit of encounters to ensure MSPQ completed as required by CMS; additional education provided.

- ✓ **Vendor Training** — audit to ensure vendors receive compliance training; no adverse findings.

- ✓ **Regulatory Signage** — audit of signage related to Hospital-Based, Surprise Billing, Notice of Privacy Practices, Notice of Non-Discrimination and EMTALA; additional/updated signage posted.

- ✓ **Medicaid Directed Payments** — audit of encounters for four measures (Breast Cancer Screening, Controlling High Blood Pressure, Post-Partum Depression Screening, Well-Child Visits); no adverse findings.

- ✓ **Surprise Billing Good Faith Estimates** — audit to review estimate process; additional work queues created.

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Compliance Updates: Billing Compliance Audits

Billing Compliance Audits (Encounters)
FY23 to FY25 Q1
(Source: Healthicity)
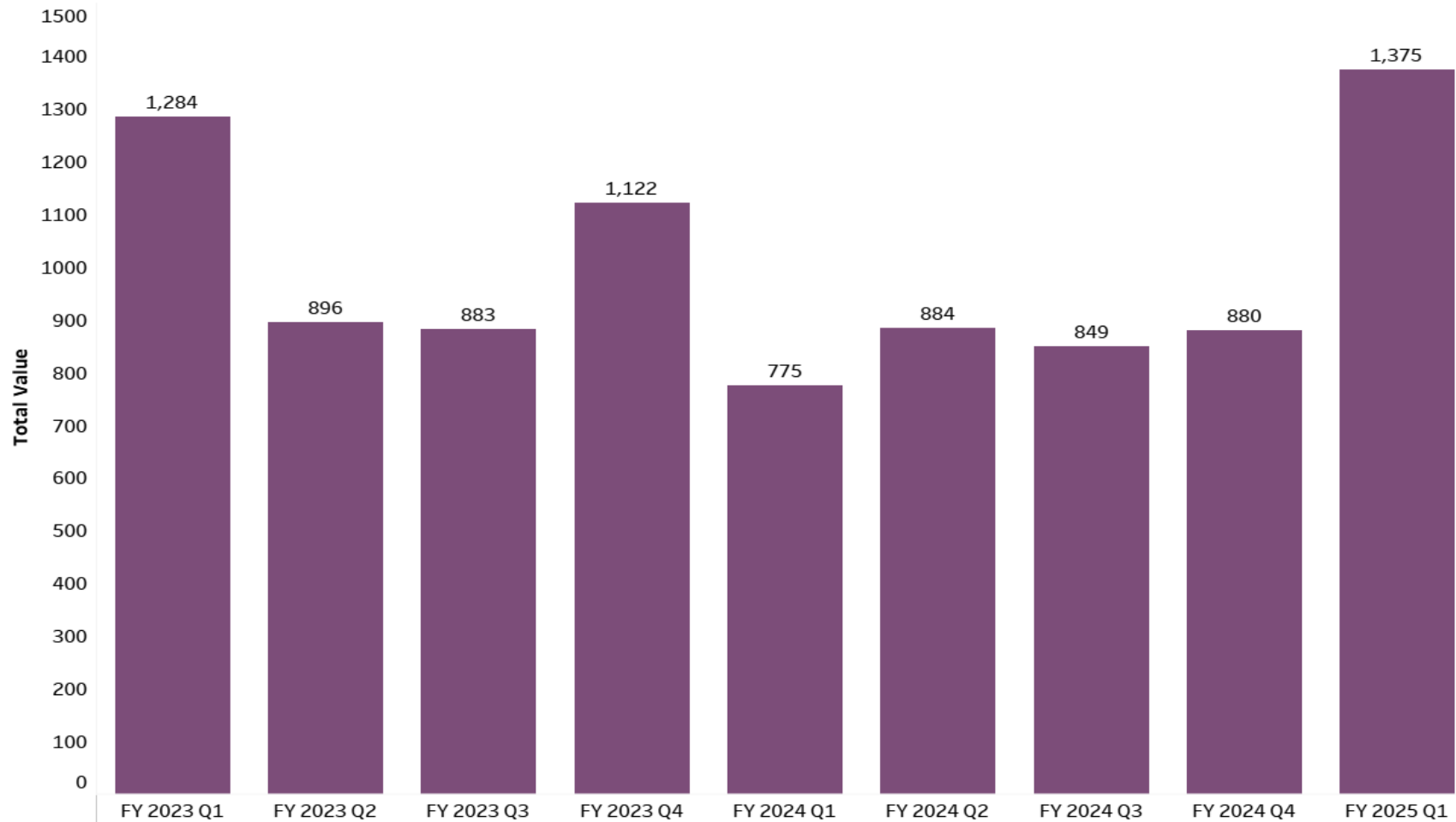
Audits include:
- New Provider
- Government Audits
- Direct to Bill
- Telehealth
- HPCs Audits
- Coder Audits
- Investigations
- Research
- OIG Work Plan
- Modifiers
- wRVU

Policy Update

Compliance Policies

|	
A01-005	Code of Ethics
A01-030	Conflicts of Interest
A01-105	Industry Representatives and Service Providers
A01-155	UKHC Members Interactions with Industry Representatives and Service Providers
A01-160	Annual Disclosure of Financial Conflicts of Interest
A02-055	EMTALA
A05-185	Controlled Substances/KASPER
A06-030	Documentation and Billing for Professional Services
A06-175	Prohibition of Retaliation
A06-190	Comply-Line
A07-005	Gifts and Donations
A07-100	Sales and Solicitation at UK HealthCare
A07-125	Grateful Patient Fundraising Program Compliance
A09-065	Employee Onboarding and Separation
A09-175	Nonmonetary Compensation to Referring Physicians
A14-210	Use of Institutional DEA Number
A01-210	Screening for Exclusion
A01-215	Compliance Audits

Privacy Policies

A01-085	Patient Requests for Restrictions and Opting out of the Facility Directory
A05-015	Release of Health Information Pursuant to Subpoenas or Court Orders
A05-065	Release of Medical Information and Medical Records
A05-075	Release of Medical Information for Research
A05-125	Notice of Privacy Practices and Receipt
A05-130	Minimum Necessary Information for Use and Disclosure
A05-135	Disclosing Patient Information to News Media
A06-045	Confidentiality
A06-100	Privacy Investigations and Breach Notification
A06-165	Reports to Law Enforcement Agencies
A06-195	Hybrid Entity
A07-130	Self-Pay Restriction
A10-100	Notification Process Regarding People of High Media Interest
A13-160	Terminating a Patient's MyChart Rights

Green – New policy in 2024
All policies on three-year review cycle

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Compliance/Privacy Activity FY23–FY24 Summary

Office of Corporate Compliance Volume
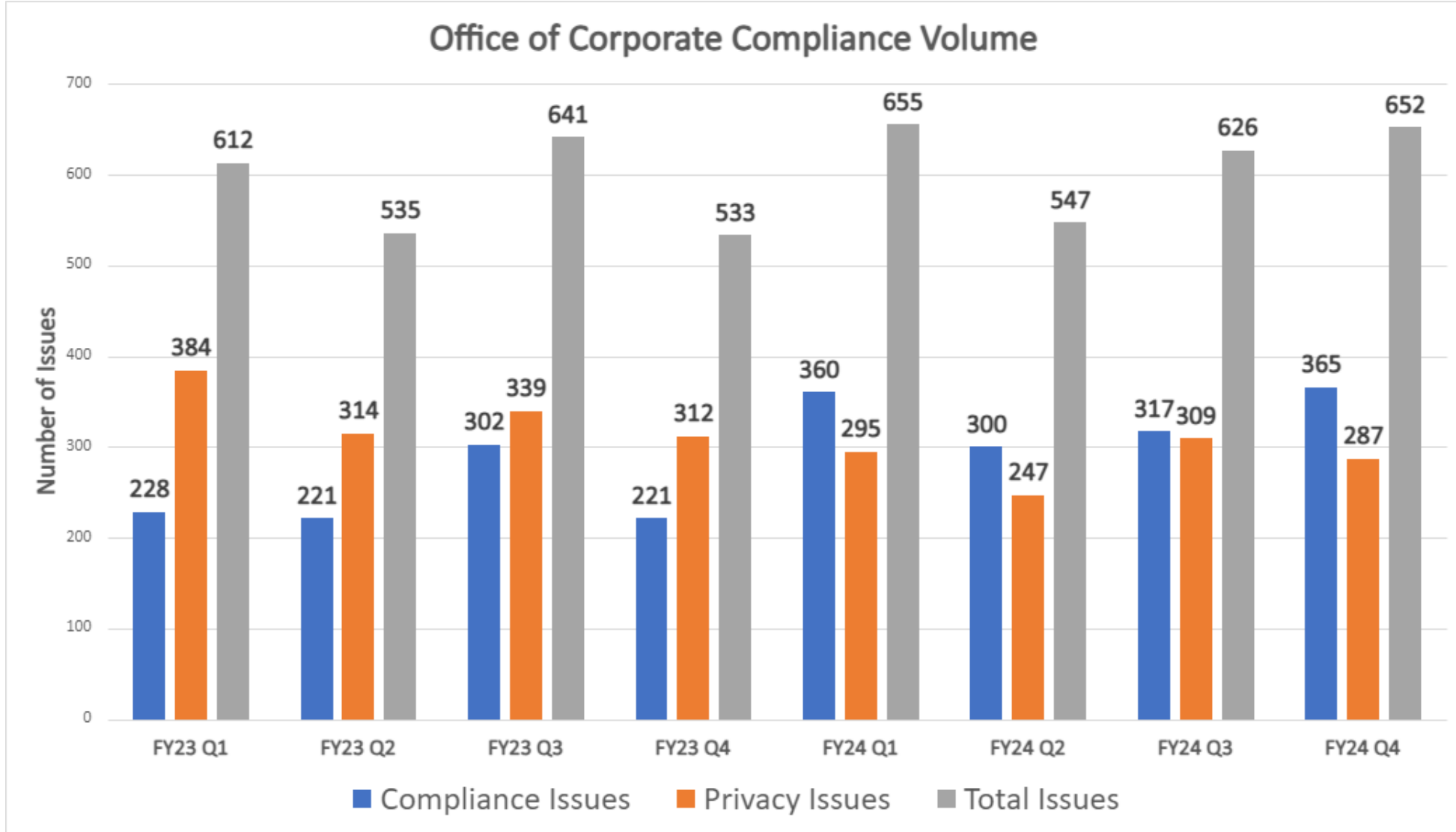
FY23 Total = 2321 issues

FY24 Total = 2480 issues

Privacy Updates

Change HealthCare

- Initial security incident occurred in Feb. 2024.
- UKHC informed by Change/United counsel; UKHC has not been informed of any specific impact to our patients.

Privacy and IT security collaboration

- Jointly attended Cybersecurity Conference in Washington, D.C.

Privacy Updates

Designation of hybrid-covered entity

- A new covered entity subcommittee was developed to review the different areas within UK for possible inclusion in the HIPAA covered entity.

OCR final rule on reproductive health care

- HHS issued Final Rule to modify HIPAA Privacy Rule and HITECH Act to prevent PHI from being used to investigate or impose liability on individuals or providers for seeking, obtaining, providing or facilitating "reproductive health care."

- Compliance date required by Dec. 23, 2024.

- When UKHC receives a request for PHI potentially related to reproductive health care, it must obtain a signed attestation that clearly states the requested use or disclosure is not for any of the following purposes: health oversight activities; judicial or administrative proceedings; law enforcement; regarding decedents, disclosures to coroners and medical examiners.

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