## Agenda

**Joint Audit & Compliance Committee Meeting**  
**June 3, 2020**  
**Meeting held by Telephone:**  
**Public Call In Number:** 1-800-988-9775  
**Access Code: PUBLIC**  
(Note that the meeting will be recorded.)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Proposed Action</th>
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</table>
| **Executive Session to discuss:**  
- C.G.S. 1-200(6)[E] – Preliminary drafts or notes that the public agency has determined that the public’s interest in withholding such documents clearly outweighs the public interest in disclosure. [1-210(b)(1)]  
- C.G.S. 1-200(6)[E] – Records or the information contained therein pertaining to strategy and negotiations with respect to pending claims [1-210(b)(4)]  
- C.G.S. 1-200(6)(E) – Records, reports and statements privileged by the attorney-client relationship. [1-210(b)(10)]  
- C.G.S. 1-200(6)[C] – Records of standards, procedures, processes, software and codes not otherwise available to the public, the disclosure of which would compromise the security and integrity of an information technology system. [1-210(b)(20)]  
- C.G.S. 1-200(6)[E] – Records or the information contained therein pertaining to strategy and negotiations with respect to pending claims regarding Recovery Audit Contractor (RAC) Audits. [1-210(b)(4)] | Review | None |

| Opportunity for Public Comments | None |

### Minutes of the March 5, 2020 Meeting

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<thead>
<tr>
<th>Topic</th>
<th>Proposed Action</th>
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</table>
| **External Audit Engagements**  
- Status of External Audits  
- Pharmacy Optimization Consultants LLC, dba 340B Compliance Partners – Amended Appointment | Update Approval | 2 |

<table>
<thead>
<tr>
<th>Topic</th>
<th>Proposed Action</th>
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</table>
| **CohnReznick LLP**  
- UCONN 2000 Construction Projects Substantially Completed Funded with University of Connecticut General Obligation Bonds FY 19  
- UCONN 2000 Construction Projects Not Yet Substantially Completed Funded with University of Connecticut General Obligation Bonds FY 19  
- Agreed-Upon Procedures on the Technology Quadrant Phase II - Innovative Partnership Building and the Intramural, Recreational and Intercollegiate Facilities – Recreational Center FY 19 | Presentation | 3 |

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<th>Proposed Action</th>
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| **Auditors of Public Accounts**  
- University of Connecticut and UConn Health Federal Single Audit for FY 19 – Report will be uploaded to [https://wp.cga.ct.gov/apa/audits/reports/](https://wp.cga.ct.gov/apa/audits/reports/) | Presentation | 4 |

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</table>
| **UConn Health 340B Compliance Audits**  
- UConn John Dempsey Hospital’s Annual 340B Independent Audit  
- UConn Ryan White Annual 340B Independent Audit  
- UConn Hemophilia Treatment Center Annual 340B Independent Audit | Presentations | 5 |
## Compliance Activities
- Significant Compliance Activities
- Behind the scenes support during COVID19

## IT Updates
- UConn Health IT Projects/EPIC
- UConn IT Services

## Audit Activities
- Status of Audits
- Status of Audit Findings

## Informational/Educational Items
- Important Guidelines on Faculty Consulting
- An Accessible Digital Environment for Everyone
- FERPA Basics for UConn Families
- Healthcare Compliance Matters

## Conclusion of Full Meeting

### Information Session with AMAS, University Compliance and External Auditors

The next meeting of the JACC will be held on September 10, 2020 at 10:00 am
University of Connecticut, Wilbur Cross, North Reading Room, Mansfield Way, Storrs, CT
University of Connecticut & UConn Health

Joint Audit & Compliance Committee Meeting
The meeting of the Joint Audit and Compliance Committee (JACC) was called to order at 10:01 a.m. by Trustee Boxer.

**ON A MOTION** made by Trustee Boxer and seconded by Director Carbray, the JACC voted to go into executive session to discuss:

- C.G.S. 1-200(6)[E] – Preliminary drafts or notes that the public agency has determined that the public’s interest in withholding such documents clearly outweighs the public interest in disclosure. [1-210(b)(1)]
- C.G.S. 1-200(6)[E] – Records or the information contained therein pertaining to strategy and negotiations with respect to pending claims
- C.G.S. 1 -200(6)[E] – Records, reports and statements privileged by the attorney-client relationship. [1-210(b)(10)]
- C.G.S. 1-200(6)[C] – Records of standards, procedures, processes, software and codes not otherwise available to the public, the disclosure of which would compromise the security and integrity of an information technology system. [1-210(b)(20)]

Executive Session was attended by the following: **Joint Audit & Compliance Committee members:** F. Archambault, M. Boxer, R. Carbray, A. Dennis-Lavigne, J. Gouin, T. Holt, and B. Pollard; **Audit Staff members:** F. LaRosa, T. Dyer, E. Gallo, M. Gendreau, K. Goss, H. Hildebrandt, D. Hook, M. Kennedy, C. Murray, G. Perrotti, A. Quaresima, K. Violette, and E. Zincavage; **Compliance Staff members:** K. Fearney, K. Hill, and E. Vitullo; **Senior Staff:** A. Agwunobi, W. Byerly, J. Geoghegan, S. Jordan, A. Keilty, J. Shoulson; **General Counsel:** J. Blumenthal; **Portions of Executive Session were also attended by:** C. Bernard, P. Casey, G. Daniels, M. Glasgow, C. Gray, L. Kozma, M. Mundrane, C. Podesta.

The Executive Session ended at 10:51 a.m. and the JACC returned to open session at 10:52 a.m. There were no public comments.

**Tab 1 – Minutes of the Meeting**

**ON A MOTION** made by Trustee Boxer and seconded by Director Gouin the minutes of the December 20, 2019 JACC meeting were approved.

**Tab 2 – External Engagements**

K. Fearney provided the committee with an update on ongoing external engagements.
ON A MOTION made by Trustee Boxer and seconded by Director Gouin, the Marcum LLP FYs 20 and 21 audit contract extension and fees were approved.

**Tab 3 - Marcum LLP 2019 Financial Statements**

C. Jackson from Marcum LLP presented the fiscal year 2019 Financial Statements for John Dempsey Hospital, UConn Medical Group and the Finance Corporation.

**Tab 4 – Auditors of Public Accounts**

W. Felgate from the Auditors of Public Accounts presented the fiscal year 2019 Financial Statements for the University of Connecticut.

A. Phung from the Auditors of Public Accounts presented the fiscal year 2019 Financial Statements for the UConn Health.

**Tab 5 - UConn Health – EPIC and IT Update**

C. Podesta provided an extensive update on the EPIC program.

M. Mundrane provided an IT Project update.

**Tab 6 – University of Connecticut Revised Travel and Entertainment Policy and Procedures**

P. Casey presented revisions to the Travel and Entertainment Policy and Procedures. ON A MOTION made by Trustee Boxer and seconded by Director J. Gouin, the Travel and Entertainment Policy and Procedures was approved.

**Tab 7 – Significant Compliance Activities**

K. Fearney provided an update on compliance activities.

W. Byerly provided an update on various Research Compliance activities.

**Tab 8 – UConn & UConn Health Significant Audit Activities**

K. Fearney provided the JACC with an update on the status of audit assignments (UConn and UConn Health). The JACC reviewed three audits.

**Tab 9 – Informational / Educational Items**

Compliance Matters

There being no further business, ON A MOTION made by Trustee Boxer and seconded by Director Gouin, the meeting was adjourned at 11:39 a.m.

Respectfully submitted,

*Liz Vitullo*
University of Connecticut
&
UConn Health

Joint Audit & Compliance Committee Meeting
### Status of External Audits

<table>
<thead>
<tr>
<th>Vendor / Auditor</th>
<th>Area</th>
<th>Scope</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marcum, LLP</td>
<td>UConn Health</td>
<td>Audits of the John Dempsey Hospital and Dental Clinics (Clinical Programs Fund), including the OHCA filings, UConn Medical Group (UMG) and the UConn Health Finance Corporation for FY2017 through FY2021.</td>
<td>The FY2020 engagement is underway.</td>
</tr>
<tr>
<td>BKD</td>
<td>UConn Athletics</td>
<td>NCAA agreed upon procedures performed on all revenues, expenses, and capital expenditures for or on behalf of the University’s Athletics Program for FY2016, through FY2020.</td>
<td>The FY2020 engagement has not started.</td>
</tr>
<tr>
<td>CohnReznick, LLP</td>
<td>UConn &amp; UConn Health</td>
<td>Annual audit of UCONN 2000 substantially complete projects and annual agreed upon procedures (AUP) for FY2016 through FY2020.</td>
<td>FY2019 engagement is complete and are being presented at the June 3, 2020 meeting.</td>
</tr>
<tr>
<td>Pharmacy Optimization Consultants LLC, dba 340B Compliance Partners.</td>
<td>UConn Health</td>
<td>Audit of UConn Health’s Covered Entities (CE) 340B Drug Pricing Program for the period May 1, 2019 to December 1, 2019. This engagement includes an audit of the CE’s contract pharmacy arrangements required by Health Resources and Services Administration.</td>
<td>FY2019 engagement is complete and the audit and AUP reports are being presented at the June 3, 2020 meeting.</td>
</tr>
<tr>
<td>State Auditors</td>
<td>UConn &amp; UConn Health</td>
<td>Annual Audit of Federal Funds required under the Federal Single Audit Act.</td>
<td>The FY2019 engagement is being presented at the June 3, 2020 meeting.</td>
</tr>
<tr>
<td>State Auditors</td>
<td>UConn &amp; UConn Health</td>
<td>Annual Audit of Federal Funds required under the Federal Single Audit Act and Annual Financial Statements Audit as part of the Comprehensive Annual Financial Report issued by the Office of the State Comptroller.</td>
<td>The FY2020 engagement is underway.</td>
</tr>
<tr>
<td>State Auditors</td>
<td>UConn Health</td>
<td>Biennial Departmental Statutory Required Audits (CGS Sec 2-90).</td>
<td>Fiscal Years 2017, 2018 engagement is underway.</td>
</tr>
</tbody>
</table>
TO: Members of the Joint Audit & Compliance Committee

FROM: Frank LaRosa
Chief Audit Executive

DATE: June 3, 2020

SUBJECT: Approval of Amended Appointment of Pharmacy Optimization Consultants LLC, dba 340B Compliance Partners, to Conduct an Independent Audit of UConn Health Covered Entities

RECOMMENDATION

That the Joint Audit and Compliance Committee (JACC) approve the appointment of Pharmacy Optimization Consultants LLC, dba 340B Compliance Partners to conduct an audit of three UConn Health Covered Entities: John Dempsey Hospital; Division of Infectious Diseases/Infectious Disease Clinic (Ryan White Part A); and Hemophilia Treatment Center applicable to the 340B Drug Pricing Program for the eight month period from May 1, 2019 to December 31, 2019.

BACKGROUND

On September 25, 2019, the JACC approved a one year contract with Compliance Partners to conduct an audit of three UConn Health Covered Entities for the audit period from January 1, 2019 to June 30, 2019. However, once the vendor initiated the audit, the vendor used an audit period from May 1, 2019 to December 31, 2019 to mimic a true Health Resources and Services Administration audit on the UConn Health Covered Entities’ 340B Drug Pricing Program.

The Office of Audit and Management Advisory Services seeks JACC approval for this engagement.

Approved by the Joint Audit & Compliance Committee at their ________________ meeting.
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University of Connecticut
&
UConn Health

Joint Audit & Compliance Committee Meeting
This section is intended for

CohnReznick LLP FY19 Audit Reports

On

UCONN 2000 Construction Projects Substantially Completed Funded with University of Connecticut General Obligation Bonds

UCONN 2000 Construction Projects Not Yet Substantially Completed Funded with University of Connecticut General Obligation Bonds

Agreed-Upon Procedures on the Technology Quadrant Phase II - Innovative Partnership Building and the Intramural, Recreational and Intercollegiate Facilities – Recreational Center

Reports will be provided separately
University of Connecticut
&
UConn Health

Joint Audit & Compliance Committee Meeting
University of Connecticut and University of Connecticut Health Center

Single Audit for the year ended June 30, 2019

Communication to the Joint Audit and Compliance Committee

June 3, 2020
University of Connecticut
Single Audit Report
FYE 6/30/2019

Anticipated Issue Date – May 2020 *

The Auditors of Public Accounts delayed the Single Audit report issuance due to COVID-19 as authorized by the GAO and in accordance with the Office of Management and Budget memorandum 20-17. The extension was granted for 6 months beyond the normal due date of March 31st.

The audit was performed in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards for financial audits issued by the Comptroller General of the United States, and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)
Audit Report

- Complete Statewide Report – will be included on our website upon issuance:
  
  https://wp.cga.ct.gov/apa/audits/reports/

- Applicable University Federal Programs
  1) Research and Development
  2) Federal Student Financial Assistance (FSFA)
Federal Funds

- Total Federal Assistance Statewide - $9,766,000,000

Type A Program Threshold

($<10B = \text{Larger of }$3m \text{ or } \text{FFA } \times 0.003) - $29,298,000

- Federal Assistance Expended at the University System:
  1. University R&D $98,300,000
  2. Health Center R&D $71,600,000
  3. Student FFA $234,400,000 (Storrs $215.6m UCH $18.8m)

  TOTAL FFA $404,300,000
Findings

- There were no reportable findings for the applicable federal programs at the University of Connecticut and the University of Connecticut Health Center.
University of Connecticut

&

UConn Health

Joint Audit & Compliance Committee Meeting
UCONN JOHN DEMPSEY HOSPITAL’S ANNUAL 340B INDEPENDENT AUDIT

01/25/20 Executive Summary of 340B Annual Independent Audit
EXECUTIVE SUMMARY OF 340B ANNUAL INDEPENDENT AUDIT

BACKGROUND

UConn John Dempsey Hospital (HH) is located in Farmington, Connecticut and is registered as a Disproportionate Share Hospital (DSH) on the OPAIS database as DSH070036 with a start date of April 1, 2009 and last recertification date of August 28, 2019. UConn John Dempsey Hospital has registered child sites, entity-owned pharmacy, as well as registered contract pharmacies. Currently, MacroHelix, Wellpartner, and Walgreens are utilized as TPAs for the Covered Entity and EMR is Epic.

UConn John Dempsey Hospital contracted with 340B Compliance Partners to conduct the annual independent external audit of both the mixed-use and contract pharmacy settings for analysis of program compliance. This audit was conducted with a kick-off, pre-audit conference call on December 6th, 2019 and onsite portion was on January 21st – 23rd, 2020. Auditors were Sherri (Morgan) Faber and Joshua Gue.

SCOPE AND METHODOLOGY

340B Compliance Partners has completed the procedures related to the compliance with the 340B Drug Pricing Program in accordance with the Health Resources and Services Administration’s (HRSA’s) guidance for Covered Entities as of January 21st-23rd of 2020. These procedures were agreed to by Senior Management and the Department of Pharmacy of UConn John Dempsey Hospital. The following areas of compliance testing were completed:

A. Knowledge during pre-audit conference call
B. Accuracy of 340B Database
C. Verification of Eligibility (local government agreement, registered on OPAIS)
D. Medicaid Carve In/Carve Out Status
E. Policy and Procedure Review
F. Sample of Dispensations tested for eligibility for 340B
G. Accumulator review for eligibility and replenishment records where applicable
H. Diversion tests
I. Contract Pharmacy Compliance (dates of contract vs registration on HRSA database)
J. Provider File review
K. Test staff knowledge of program (ordering process, eligibility)
L. GPO Prohibition test
M. Medicare billing with modifiers as appropriate
N. Internal audit process
O. Multi-disciplinary committee meetings

P. Contract Pharmacy agreement(s) are complete with 12 areas identified by HRSA

The compliance testing included transaction testing of randomly selected items from the time period of May 1, 2019 through October 31, 2019. Portions of this audit were completed remotely as well as onsite for the remainder.

PROCEDURE NOTES AND FINDINGS

Procedure A: Knowledge during pre-audit conference

Staff participated in a kick-off call in December 2019. We followed agenda as set forth by the Bizzell Group along with Q&A. Appropriate questions asked by team to prepare for a HRSA audit in the future.

Procedure B: Accuracy of 340B Database

Reviewed addresses, dates of registration on OPAIS database. Some of the address pieces like “drive” is DR either on the contract or on the database for example or St versus Street. May consider having an amended agreement with all these exactly matching the OPAIS database. Review contracts as part of internal Q&A process moving forward for any changes.

Procedure C: Verification of Eligibility

Covered Entity meets eligibility requirements of DSH percentage for a not-for-profit and are part of the State with documentation in place. They have additionally recertified appropriately in August 2019.

Procedure D: Medicaid Carve-In, Carve-Out Status

Covered Entity is listed as Carve-In status on the Medicaid Exclusion File on the OPAIS database. In contract pharmacy, Medicaid is carved-out.

Procedure E: Policy and Procedure Review

Policies and Procedures may be enhanced for best practice and include all required elements. Suggest expanding detail for inventory management and ordering process. Purchasers are articulate regarding the internal process so may just incorporate workflow into P&P.

Procedure F: Sample of Dispensations tested for eligibility for 340B

Samples were selected from all identified universes: mixed-use within the Covered Entity, Employee Pharmacy, clinics, and contract pharmacies for a total of #121 samples. Thorough analysis was completed for as many as possible for each dispensation including:

- Ordering Provider eligibility
- Location eligibility
- Insurance Coverage
- Responsibility of care evidence of encounters
➢ Administration date/time documented in mixed-use and clinic
➢ Patient status at time of documented 340B eligibility
➢ Line item billing identified with modifiers if appropriate
➢ Accumulator and replenishment review (contract pharmacy)
➢ Chart documentation of prescription sent to contract pharmacy matching date written on prescription

OBSERVATIONS:
➢ UConn JDH 340B team appears to have limited access to systems needed to properly provide oversight of the 340B Program. Recommend expansion of access for internal quality assurance as well as participation in mock annual audits or HRSA audits. Ability to analyze all selected samples was hampered by the need for multiple staff members to participate to review elements for patient eligibility and documentation for 340B administered medications and prescriptions for 340B medications.
➢ UConn JDH utilizes “bill on administration” which more closely ties patient status at time of administration of a medication—this is positive
➢ UConn JDH elects to Carve-In for Medicaid. The State of Connecticut does not require modifiers or AAC billing at this time for physician administered medications (hospital administered drugs).
➢ Both shipping addresses on OPAIS have additional 4 digits added to zip code as -0000. Need to verify if this is accurate.
➢ Confusion with JG/TB modifiers for Medicare—found JG modifiers on Medicaid claims and is also mentioned in email included in data submission mentions JG on Medicaid
➢ Beginning with sample #78, did not document pieces of information including insurance coverage, chart documented when RX called to pharmacy, accumulations/replenishments due to time constraints as well as UConn team members’ limited access to data. Will note below any specific issues found; however, these were not fully audited.
➢ Vaccines are not considered 340B drugs and therefore do not have to be included in the sample. May consider blacklisting these—GPO may be less expensive.
➢ Several Walgreens dispenses were “reconciled” due to being slow movers (not reaching full package size in contracted time period) or full package not replenished timely. Want to monitor this because #53, #43, #56, #58, #60, #67 were all reconciled, and CE does not benefit from these.
➢ Engaged staff working with 340B-driven to have a compliant program and take the opportunities seriously—great team.
➢ Pharmacy staff involved in purchasing are very articulate about their processes and the details in which the orders are split.

FINDINGS:
➢ P&P need to spell out process for secondary Medicaid coverage in contract pharmacy space.
➢ All providers are not listed on eligible provider file supplied—add residents.
➢ Oversight of program—add QA to mixed-use 340B dispenses
AREAS FOR IMPROVEMENT:

➢ Policies and Procedures could be expanded ex. Patient definition could include number of days to look back for eligible encounter to meet responsibility of care
➢ Educational opportunities for pharmacy staff and other stakeholders.
➢ OPAIS Database edits: multiple address mismatches in contract pharmacy registrations with abbreviations
➢ Replenishment issues with MacroHelix #32, #34, #40 unreplenished
➢ Accumulation issues with Wellpartner (positive means over-replenished) There are positive numbers within TPA
➢ On purchasing account list (part of data request) – include ALL accounts, even for consignment, direct orders

Procedure G: Accumulator review for eligibility and replenishment records where applicable

MacroHelix accumulation and replenishment seems to be functioning properly currently. Walgreens and Wellpartner appear to have replenishment issues.

Procedure H: Diversion tests

No “inpatient status” of patient on any of the 340B dispensations tested.

Procedure I: Contract Pharmacy Compliance

Ongoing internal audit process in place for all contract pharmacies.

Procedure J: Provider File Review

This file is extensive and should include medical residents. May consider a second eligible provider file for mixed-use to add those who would not write prescriptions for the contract pharmacy space i.e. CRNAs.

Procedure K: Test Staff Knowledge of Program

Held discussion with staff responsible for ordering medications and working in the central pharmacy in mixed-use setting. Processes in place to order on appropriate accounts.

Procedure L: GPO Prohibition

Periodic review of current contracts utilized by materials management is suggested.

Procedure M: Medicare Billing with Modifiers as appropriate

Samples requiring modifiers for Medicare were observed.

Procedure N: Internal Audit Process

Audits were conducted in mixed-use setting and all other universes, mimicking the HRSA audit process for each sample chosen. Process was spelled out in P&P. Ensure adequate resources to internally audit as well as maximize savings on the ordering side. Need to add QA to mixed-use dispenses eligible for 340B.

Procedure O: Multi-disciplinary Committee Meetings

Covered Entity has this committee established and meets as indicated in P&P.

Procedure P: Contract Pharmacy agreement(s) complete with 12 elements identified by HRSA
Three are national chains with templated contracts with amendments and the others meet 12 elements identified by HRSA; however, some need to more clearly speak to Medicaid MCOs.

**SUMMARY**

Review above comments and determine if you would challenge any findings as you would have 30 days to do so. Next, develop a corrective action plan within 60 days of receipt of report. Keep in mind with a HRSA audit, all CAPS would be expected to be fully implemented and attestation received within six months of approval of the CAP. The CAP would include all Findings and AFI (Areas for Improvement).

This report is intended solely for the information and use of UCONN senior management, 340B Oversight Committee, pharmacy personnel, and HRSA (if requested) and is not intended to be and should not be used by another other than those specified parties.

We appreciate the opportunity to work with your team to ensure compliance with your 340B Program.

Any questions related to this report may be directed to 340B Compliance Partners at:

sfaber@340BCompliancePartners.com

or (304) 964-3903
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Executive Summary of 340B Annual Independent Audit
EXECUTIVE SUMMARY OF 340B ANNUAL INDEPENDENT AUDIT

BACKGROUND


UCONN Ryan White contracted with 340B Compliance Partners to conduct the annual independent external audit of both the mixed-use and contract pharmacy settings for analysis of program compliance. This audit was conducted with a kick-off, pre-audit conference call on January 8th, 2020 and onsite portion was on February 4th, 2020. Auditors were Sherri (Morgan) Faber and Joshua Gue.

SCOPE AND METHODOLOGY

340B Compliance Partners has completed the procedures related to the compliance with the 340B Drug Pricing Program in accordance with the Health Resources and Services Administration’s (HRSA’s) guidance for Covered Entities as of February 4th of 2020. These procedures were agreed to by Senior Management and the Department of Pharmacy of UCONN Ryan White Program. The following areas of compliance testing were completed:

A. Knowledge during pre-audit conference call
B. Accuracy of 340B Database
C. Verification of Eligibility (Grant, local government agreement, registered on OPAIS)
D. Medicaid Carve In/ Carve Out Status
E. Policy and Procedure Review
F. Sample of Dispensations tested for eligibility for 340B
G. Accumulator review for eligibility and replenishment records where applicable
H. Diversion tests
I. Contract Pharmacy Compliance (dates of contract vs registration on HRSA database)
J. Provider File review
K. Test staff knowledge of program (ordering process, eligibility)
L. Internal audit process
M. Multi-disciplinary committee meetings
N. Contract Pharmacy agreement(s) are complete with 12 areas identified by HRSA
The compliance testing included transaction testing of randomly selected items from the time period of July 1, 2019 through December 31, 2019. Portions of this audit were completed remotely as well as onsite for the remainder.

PROCEDURE NOTES AND FINDINGS

Procedure A: Knowledge during pre-audit conference

Staff participated in a kick-off call in January 2020. We followed agenda as set forth by the Bizzell Group along with Q&A. Appropriate questions asked by team to prepare for a HRSA audit in the future.

Procedure B: Accuracy of 340B Database

Reviewed addresses, dates of registration on OPAIS database. Some of the address pieces like “Lane” is “LN” either on the contract or on the database for example or Drive versus Dr. May consider having an amended agreement with all these exactly matching the OPAIS database, particularly for zip code discrepancies.

Procedure C: Verification of Eligibility

Covered Entity meets eligibility requirements of being part of a grant award to be a Ryan White Part A and last recertified on the OPAIS on February 18, 2020.

Procedure D: Medicaid Carve-In, Carve-Out Status

Covered Entity was listed as Carve-Out status on the Medicaid Exclusion File on the OPAIS database.

Procedure E: Policy and Procedure Review

Policies and Procedures may be enhanced for best practice and include all required elements.

Procedure F: Sample of Dispensations tested for eligibility for 340B

Samples were selected from all identified universes: There were a total of #60 samples selected from contract pharmacy for the six-month period. Thorough analysis was completed for each dispensation including:

➢ Ordering Provider eligibility
➢ Location eligibility
➢ Insurance Coverage
➢ Responsibility of care evidence of encounters
➢ Patient status at time of documented 340B eligibility
➢ Accumulator and replenishment review (contract pharmacy) or demonstrated invoice
➢ Chart documentation of prescription sent to contract pharmacy matching date written on prescription

FINDINGS:
Most samples met all compliance checks. Sample #19- need to verify start date of provider submitted on eligible provider file. Sample #15- provider missing from eligible provider file.

AREAS FOR IMPROVEMENT:
Determine definitive number of days for a look back for eligible encounter to establish and retain responsibility of care.
Procedure G: Accumulator review for eligibility and replenishment records where applicable
   Accumulator and replenishment verified except replenishment not available for Curant.

Procedure H: Diversion tests
   All prescriptions originated from the eligible site.

Procedure I: Contract Pharmacy Compliance
   TPA used to determine eligibility and process for inventory management in P&P. Ongoing internal audit process in place for all contract pharmacies.

Procedure J: Provider File Review
   This file is up to date internally and best practice is to include a spreadsheet of provider, NPI, contracted or employed designation and a column for a termination date if applicable

Procedure K: Test Staff Knowledge of Program
   Held discussion with staff responsible for program. Continue to look for educational opportunities.

Procedure L: Internal Audit Process
   Audits were conducted in contract pharmacy space at 340B Oversight Committee Meeting. Recommend to spell out detail of frequency and sample size in P&P to reflect practice.

Procedure M: Multi-disciplinary Committee Meetings
   Covered Entity participates in a joint meeting with the other two 340B designations within UCONN. May want to include separate agenda section for each Covered Entity.

Procedure N: Contract Pharmacy agreement(s) complete with 12 elements identified by HRSA
   National chains have templated agreements.

SUMMARY

Review above comments and determine if you would challenge any findings as you would have 30 days to do so.
Next, develop a corrective action plan within 60 days of receipt of report. Keep in mind with a HRSA audit, all CAPS would be expected to be fully implemented and attestation received within six months of approval of the CAP. The CAP would include all Findings and AFI (Areas for Improvement).

This report is intended solely for the information and use of UCONN Ryan White senior management, 340B Oversight Committee, pharmacy personnel, and HRSA (if requested) and is not intended to be and should not be used by another other than those specified parties.

We appreciate the opportunity to work with your team to ensure compliance with your 340B Program.

Any questions related to this report may be directed to 340B Compliance Partners at:
smorgan@340BCompliancePartners.com
or (304) 964-3903
Pharmacy Consultants, Inc.
DBA: 340B Compliance Partners
Annual 340B Independent Audit Team 2020
Sherri (Morgan) Faber, Joshua Gue
 smorgan@340bcompliancepartners.com
(304) 964-3903

University of Connecticut
Hemophilia Treatment Center
(HM06030)
### 340B Audit Detailed Report

<table>
<thead>
<tr>
<th>Number: 020520</th>
<th>Audit title: Annual Independent 340B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope: HTC Clinic/Contract Pharmacy</td>
<td>Sample period of July 2019 through December 2019</td>
</tr>
<tr>
<td>Date: February 5, 2020</td>
<td>Duration: 1 day onsite</td>
</tr>
<tr>
<td>Location: University of Connecticut Hemophilia Treatment Center</td>
<td>Key contacts: Wanita Thorpe, April Duquette</td>
</tr>
<tr>
<td>Auditor: Sherri (Morgan) Faber</td>
<td>Contact details: <a href="mailto:smorgan@340BCompliancePartners.com">smorgan@340BCompliancePartners.com</a></td>
</tr>
<tr>
<td>Auditor: Joshua Gue</td>
<td>Contact details: <a href="mailto:jgue@340BCompliancePartners.com">jgue@340BCompliancePartners.com</a></td>
</tr>
</tbody>
</table>

#### Entity Participant's name: Participant's title:

- **Wanita Thorpe**
  - Admin Director
  - April Duquette
  - Admin Program Director
- **Genise Nelson**
  - DNP
  - Leslie Bell
  - Clinical Practice Mgr.

### Background

University of Connecticut Hemophilia Treatment Center (RMH) is located in Farmington, Connecticut and is registered as a Comprehensive Hemophilia Treatment Center (HM) on the OPAIS database as HM06030 with a start date of April 1, 2012 and last recertification date of January 31, 2020. University of Connecticut Hemophilia Treatment Center has registered contract pharmacies. Currently, each contract pharmacy uses its own system to function as a TPA for the Covered Entity.
University of Connecticut Hemophilia Treatment Center contracted with 340B Compliance Partners to conduct the annual independent external audit of both the mixed-use and contract pharmacy settings for analysis of program compliance. This audit was conducted with a kick-off, pre-audit conference call on January 8th, 2020 and onsite portion was on February 5th, 2020. Auditors were Sherri (Morgan) Faber and Joshua Gue.

**Scope and methodology**

340B Compliance Partners has completed the procedures related to the compliance with the 340B Drug Pricing Program in accordance with the Health Resources and Services Administration’s (HRSA’s) guidance for Covered Entities as of February 5th of 2020. These procedures were agreed to by Senior Management and the Department of Pharmacy of University of Connecticut Hemophilia Treatment Center. The primary areas of analysis for a Hemophilia Treatment Center Covered Entity are meeting eligibility requirements to be in the 340B program with proper recertification, avoiding diversion by establishing and maintaining eligible patient definitions and only counting 340B drugs for those patients, accurate information on Medicaid Exclusion file with processes in place to avoid duplicate discounts, robust Policies and Procedures, and proper oversight of contract pharmacies. Contract pharmacy agreements should include 12 elements identified by HRSA as deemed necessary for compliance. The six months of data analysed included dispenses from July 1, 2019 through December 31, 2019 with a selection of #10 samples to test for eligibility. There were only ten 340B medications presented as being captured during this 6-month period; so, 100% were audited.

**Analysis of the following has been completed:**

A. Knowledge during pre-audit conference call
B. Accuracy of 340B Database
C. Verification of Eligibility (local government agreement, registered on OPAIS)
D. Medicaid Carve In/ Carve Out Status
E. Policy and Procedure Review
F. Sample of Dispensations tested for eligibility for 340B
G. Accumulator review for eligibility and replenishment records where applicable
H. Diversion tests
I. Contract Pharmacy Compliance (dates of contract vs registration on HRSA database)
J. Provider File review
K. Test staff knowledge of program (ordering process, eligibility)
L. Internal audit process
M. Multi-disciplinary committee meetings
N. Contract Pharmacy Agreements content complete with 12 elements identified by HRSA
Observations

➢ For the kick-off call, it was apparent that the team needed some education regarding terms used and what a HRSA audit would entail. Incorrect phone number was noted for AO on OPAIS database- this has been corrected.

➢ Our understanding is that Sickle-Cell and HTC are currently rolled together and NOT in the same location as Oncology. While HTC may not claim sickle-cell for 340B, it should have the 340B for outpatient meds provided in-clinic to Hemophilia patients. While not a finding for the HTC (likely a missed opportunity), this may represent a concern for the DSH designation for compliance.

ISSUE: Upon further review, the 340B-eligible dispenses in HTC for in-clinic administration of medications for Hemophilia patients are being counted in the 340B accumulator for the DSH currently. (These were provided in the 340B sample within the 6-month period for the DSH). This represents a missed opportunity for HTC but a compliance concern for DSH because it appears that Sickle-Cell/HTC is not a registered child site of JDH’s DSH designation. Further review to tease out abbreviations for locations and cost centers and what is rolled up together as well as physical location of services outside the four walls (or with different address) is recommended.

➢ For the data sample, the contract pharmacy provided an incorrect "order date" - this should have reflected the written date for the prescription, not when the pharmacy ordered the medication.

➢ May not want to use specific names of staff within RedChip SOPs- better to use titles in case of turnover

➢ RedChip SOPs are very detailed. Need that same level of detail for clinic- administered medications.

➢ One specific section of the SOPs for RedChip should be reviewed:

**Medicaid/Medicare**

RCE verifies that the patient’s state Medicaid has a mechanism to recognize 340B vs. non-340B products.

- Yes: The state’s 340B pricing structure will be followed to bill for those codes.  
  *(See SOP 3.3b: Medicaid Claims Oversight)*
- No: RCE works with HTC to petition state to allow billing of 340B products or HTC chooses to utilize non-340B pricing.

Contract pharmacy is carve-out; so, this portion needs to reflect that.

➢ Be mindful of your record retrieval processes and test whether or not you could pull clinic-administered AND contract pharmacy READILY for 7 years' worth of data. In policy, it states "UCONN Health Hemophilia Treatment Center maintains records of 340B-related transactions for a period of 7 years in a readily retrievable and auditable format located in Am041."

➢ The policies and procedures were primarily a template that needs to be further customized to reflect UCONN HTC’s program

➢ There were no findings for the sample review in that all met appropriate criteria for 340B eligibility.
Findings Summary

- Robust Policies and Procedures need to be finalized and approved by 340B Oversight Committee or whatever process included in P&P-draft was submitted. Data Samples all under 1. A-M are very important to be detailed and approved.
- Did not find any mention of actual procedure of Procurement Process for the HTC clinic- this would include virtual inventory vs. separate physical inventory, ordering process, etc. This is part of the Data Request 1.D. (Could be added on p 35?) and data request 1.H.
- No oversight noted for clinic administered drugs for internal auditing. Need to spell out internal audit process for that aside from contract pharmacy oversight and have documentation of the findings. Data request 1.G. consider defining how many samples to be reviewed or 100% etc.
- No mention of the process for self-disclosure of a material breach in P&P -see data request 1.M.
- Under Purchasing Documentation, need to include accounts for purchases for in-clinic medications (340B and GPO if carving out Medicaid)- Data request 5.
- Contract pharmacies registered without a fully-executed agreement in place. Contract provided for RedChip was signed by both parties in 2017; yet registrations for location were 10/6/2015 for Suite G and 4/1/2016 for Suite F. No contract provided by CE for Eversana Life Sciences (this entity is mentioned in the P&P but no signed agreement was noted in data provided). It was terminated in January 2020 but would have been active during the 6-month audit period.
- Need dates on signatures on contracts for contract pharmacy – Accredo agreement has typed date within contract and a date is stamped at the signature page but no date is with signatures.

AFIs (Areas for Improvement)

- Remove “DRAFT” from the P&P. Only approved P&P should be provided for a HRSA audit.
- Be sure to complete the P&P and not leave portions of template in place. For example, on page 36- this is still in document:
  [Insert entity-specific process for all state Medicaid agencies that are billed]. And earlier in document “Approvals per organizational policy:” but nothing is after that statement.
- Also, on Page 36, “UCONN Health Hemophilia Treatment Center can document that no prescriptions were billed to Medicaid unless the contract pharmacy is listed as a carve-in contract pharmacy on 340B OPAIS”. Your practice should be listed here i.e. you carve out Medicaid for contract pharmacy.
- Page 1 of P&P has this within (yet they are not part of the P&P- in fact, a different document is labeled as Appendix A)
  Definitions: Definitions of terms may be found in (Appendix A: 340B Glossary of Terms)
- Educational opportunities for pharmacy staff and other stakeholders.
- Material Breach is simply mentioned but there is no indication of what would constitute this or even what factors would be considered if it is to be addressed on a case by case basis.
- Database edits: Address discrepancies noted between contract content and OPAIS database with abbreviations/ zip codes
Evidence guides

Three types of audit activities may be used to assess the level of conformance against each criterion:

1. Conducting interviews with the 340B personnel, pharmacy staff, credentialing staff, financial staff, IT/IS staff, authorizing official and primary contact.

2. Review of documentation and records. Previous audits and any required corrective actions will also be reviewed and actions validated.

3. Observations while on site e.g. patient areas, pharmacy space, contract pharmacy (if applicable), EMR, financial records, billing records, TPA software, wholesaler invoices.

Audit assessment & rating methodology for table below:

<table>
<thead>
<tr>
<th>Compliance:</th>
<th>“Yes”</th>
<th>This criterion has been deemed to have been met, demonstrated and verified. Full implementation and application of the relevant components of the 340B Program are present.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial compliance</td>
<td>“Part”</td>
<td>Partial implementation and application of the relevant components of the 340B Program are present.</td>
</tr>
<tr>
<td>Non-compliance</td>
<td>“No”</td>
<td>An absence of evidence to verify the implementation and application of the relevant components of the 340B Program for the specific area observed.</td>
</tr>
<tr>
<td>Best Practice Recommendation</td>
<td>“BP”</td>
<td>This does not warrant a “finding” but is recommended to meet best practice and a recommendation for improvement.</td>
</tr>
</tbody>
</table>

Audit Detail

<table>
<thead>
<tr>
<th>Criteria Requirement</th>
<th>Rating Yes/Part/No/NA</th>
<th>Observations</th>
<th>Recommendations/Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge during pre-audit conference call- appropriately answer questions and ask questions related to audit</td>
<td>No</td>
<td>Stakeholders participated in call on January 8, 2020. Followed the Bizzell pre-audit conference call agenda and answered questions to prepare for a HRSA audit in the future.</td>
<td>Continue to educate all staff and stakeholders so when HRSA audit is announced, everyone will be prepared.</td>
</tr>
</tbody>
</table>
|   | Accuracy of OPAIS database | No | Double checked addresses and dates of contracts vs registrations. Discrepancies on address abbreviations: **REDCHIP Suite F:**  
OPAIS Contract  
92614-9261 92614  
**Accredo IN**  
OPAIS Contract  
RD Road  
**Accredo KS**  
OPAIS Contract  
Strang Line Rd Strang Line  
STE A Suite A  
Other issues within contracts:  
No dates on signatures of Accredo contract.  
REDCHIP agreement signed 2017. This would be the date issue that would say the contract pharmacies were registered without an agreement since they were registered on 10/6/2015 and 4/1/2016. | Get amendments for all contract pharmacy agreements to update addresses to exactly match the OPAIS database.  
Important to have signatures on dates on the contracts to compare with registration dates on OPAIS.  
Need to find REDCHIP agreement that was fully executed PRIOR to the registrations in 2015 and 2016. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Verification of eligibility</td>
<td>Yes</td>
<td>HRSA grant</td>
</tr>
<tr>
<td>D</td>
<td>Medicaid Carve-In, Carve-Out Status</td>
<td>Yes</td>
<td>Carve- In, changed to Carve-Out during this process</td>
</tr>
<tr>
<td>E</td>
<td>Policy &amp; Procedure Review</td>
<td>No</td>
<td>HRSA is looking for very detailed policies and procedures. Patient definition- the portion about responsibility of care and owning the medical record. Need to determine how far back you see an eligible encounter to still consider this a patient of the CE. Is this 365 days or a different number? Remove “DRAFT” from the P&amp;P. Only</td>
</tr>
</tbody>
</table>
approved P&P should be provided for a HRSA audit.

Be sure to complete the P&P and not leave portions of template in place. For example, on page 36- this is still in document:

[Insert entity-specific process for all state Medicaid agencies that are billed]. And earlier in document “Approvals per organizational policy:” but nothing is after that statement.

Also, on Page 36, “UCONN Health Hemophilia Treatment Center can document that no prescriptions were billed to Medicaid unless the contract pharmacy is listed as a carve-in contract pharmacy on 340B OPAIS”. Your practice should be listed here i.e. you carve out Medicaid for contract pharmacy.

Material breach: How would you report it? How is it determined?

Definitions are Appendix A but something else is labeled Appendix A

Contract Pharmacy registrations- add that contract is fully executed PRIOR to registration

Did not find any mention of actual procedure of Procurement Process for the HTC clinic- this would include virtual inventory vs. separate physical inventory, ordering process, etc. This is part of the Data Request 1.D. (Could be added on p 35?) and data request 1.H.

<table>
<thead>
<tr>
<th>F</th>
<th>Sample tested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See details as follows:</td>
</tr>
<tr>
<td></td>
<td>❖ Provider Eligible?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>All samples had eligible providers.</td>
</tr>
<tr>
<td></td>
<td>Keep provider list up to date and current with TPA/Contract Pharmacy Best practice is to keep a list of providers with NPI, contracted/employed and start and term dates.</td>
</tr>
<tr>
<td></td>
<td>❖ Location Eligible?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Locations of samples were eligible.</td>
</tr>
<tr>
<td></td>
<td>Responsibility of care with Covered Entity?</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Mixed-Use- administration date/time documented or documentation of prescription sent to pharmacy in chart or EMR</td>
</tr>
<tr>
<td></td>
<td>Insurance Coverage is Medicaid so proper billing and modifiers in mixed-use. 340B drugs are line-item billed with appropriate modifiers as necessary</td>
</tr>
<tr>
<td></td>
<td>Medicaid carved-out in contract pharmacy</td>
</tr>
<tr>
<td>G</td>
<td>Accumulator and replenishment verified</td>
</tr>
<tr>
<td>H</td>
<td>Diversion tests i.e. Inpatient status, location, not meeting patient definition, no documentation</td>
</tr>
<tr>
<td>I</td>
<td>Contract pharmacy compliance</td>
</tr>
<tr>
<td>J</td>
<td>Provider File Review</td>
</tr>
<tr>
<td></td>
<td>Test Staff Knowledge of Program</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>L</td>
<td>Internal Audit Process</td>
</tr>
<tr>
<td>M</td>
<td>Multi-disciplinary committee meetings</td>
</tr>
<tr>
<td>N</td>
<td>Contract Pharmacy agreement content complete with 12 elements identified by HRSA</td>
</tr>
</tbody>
</table>

This report is intended solely for the information and use of UConn HTC senior management, UConn HTC Oversight Committee, and UConn HTC pharmacy personnel and is not intended to be and should not be used by another other than those specified parties.

Any questions related to this report may be directed to 340B Compliance Partners at: smorgan@340BCompliancePartners.com or (304) 964-3903

**Summary of site observations**

**Site observation conducted by:** Sherri (Morgan) Faber, RPh, MHA Joshua Gue, CPhT

**Site observation report attached:** Yes: See above No: Date: 2/8/2020
Comments:

We enjoyed working with this great group of conscientious leaders responsible for the 340B program at University of Connecticut Hemophilia Treatment Center.

To further mimic the HRSA audit experience, you would have 30 days to dispute any of the findings presented in the final report. Afterward, you would create your Corrective Action Plan (CAP) within 60 days and have 6 months after it is approved by HRSA to fully implement and attest to the completion of the CAP. The CAP would address all Findings and AFIs.

Date when Corrective Action Plan (CAP) Created:

Date when all actions completed:

Name:

Role:
University of Connecticut & UConn Health

Joint Audit & Compliance Committee Meeting
Faculty and Staff Training – The 2019 UConn Health Compliance Risks and Strategies, IT Security and Privacy trainings have concluded. As of May 20th, the completion rate for all three trainings is 97%.

The 2020 Compliance and Ethics Training for the Storrs and Regional Campuses closed on May 15th. As of May 21st, we had a 99.8% completion rate. We are working with Labor Relations and management to encourage those employees who have yet to complete these mandatory trainings, understanding that some may be frontline healthcare faculty and staff.

University Compliance is organizing a training committee at UConn Health to discuss and evaluate compliance training required of faculty, staff, students, and vendors at UConn Health. The Committee will be charged with evaluating these trainings for redundancy and opportunities to streamline and enhance the effectiveness of the training process.

Investigations – As of May 20th, University Compliance has received 25 reports, 17 of which are specific to UConn Health locations. While this shows a reduction in reports by approximately 56% comparative to the 2019 year, the impact of COVID-19 and many employees working from home has likely influenced the number of reports, however the 2020 numbers are tracking similarly to those from 2018.

Education and Awareness – Since the March 5th JACC meeting, the OUC partnered with UConn and UConn Health stakeholders to raise awareness of various compliance topics, including: the Faculty Consulting Offices on an educational video on faculty consulting compliance requirements, UConn Health Privacy on a Snooping Reminder, Athletics Compliance on a communication regarding Academic Misconduct and Impermissible Academic Assistance, ITS on a video related to UConn’s ICT Accessibility policy, OVPR on a reminder about Open Payments and reminders for PI’s with grant funded research projects, as well as UConn Privacy, the Registrar’s Office and some of our very own UConn students on a video to explain FERPA guidelines to UConn families.

The OUC has launched a new “test your knowledge” initiative, which invites UConn employees to measure their understanding of various compliance topics. Results will be monitored by the OUC to help inform future education/awareness efforts.

Compliance Monitoring - University Compliance concluded its initial monitoring of the University’s REPORTLINE. This resulted in updates to several communications to ensure accessibility, consistency, and clarity. University Compliance also put out a survey to the UConn Health community to solicit information about employee opinions and experiences with the University’s Reportline. A similar survey will be administered in September for employees on the Storrs and Regional Campuses.
SIGNIFICANT COMPLIANCE ACTIVITIES

University Compliance has initiated monitoring its own efforts related to training and education and is partnering with Healthcare Compliance to do the same at UConn Health. Another survey will be administered to all employees, including UConn Health, Storrs and Regionals, regarding compliance training and education in the summer of 2020. With feedback from employees, University Compliance will look to improve the overall effectiveness of the training and education program.

University Compliance has also initiated two new monitoring projects, including revisiting monitoring efforts for the University’s compliance with the Drug Free Schools and Campuses Act (DFSCA) in preparation for the required biennial review and subsequent report, due in January of 2021.

Healthcare Compliance CMS Guidance Assistance – Healthcare Compliance has been partnering with key stakeholders across UConn Health to disseminate new and changing Centers for Medicare and Medicaid Services (CMS) guidance related to COVID-19. Topics include:

- COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers
- CMS Flexibilities to Fight COVID-19 for Hospitals, Physicians, Medical Residents and Other Clinicians

Healthcare Compliance has also developed a tracking system in order to prioritize major incoming questions, requests or concerns regarding changing COVID19 guidance.

OIG Work Plan - Healthcare Compliance is continuing its monitoring of the Office of Inspector General Work Plan and is preparing to roll out the risk evaluation for the bi-annual review. Healthcare Compliance is also partnering with the General Counsel’s Office to develop education in order to train staff in the event of an on-site OIG audit.

Healthcare Compliance and Privacy Staff Update - Bridget Richard joined the team in April in the role of Administrative Officer. Bridget’s primary responsibilities include managing the departments’ budget, the administrative functions of the institutions monthly Exclusions Checking Program and managing program data. Bridget will also be supporting the Healthcare Privacy Office. The search for a new AVP for Healthcare Compliance and Privacy continues.

University Privacy – Privacy is partnering with the IRB to improve the current privacy review process when researchers propose the use of identifiable student data. Additionally, Privacy has developed a Privacy Impact Assessment (PIA) that may be used to analyze potential privacy risks associated with processing personal information in relation to a project, product or service.
University of Connecticut
&
UConn Health

Joint Audit & Compliance Committee Meeting
IT/Epic Update

JACC
6/3/2020
COVID-19 Projects

- Work From Home
- Call Center
- Testing Tent
- Surge Support
- Telehealth
- Statewide Testing
- Ambulatory Re-opening
Work From Home

- 1000 employees in 2 weeks
- Laptops
- VPN expansion
- Citrix expansion
Call Center

- Telephony expansion
- Laptops and Workstations
- Epic changes
Testing Tent

- Laptops and Scanners
- Epic changes & workflow
- Wireless Network
- Power
- DPH Certification
Surge Support

- Approximately 300 beds
- Equipment for 4 floors CT Tower
- Network upgrades
- Epic changes
Telehealth

- 4 month project in 30 days
- Epic Mychart powered by Zoom
- 350 providers and expanding
- Submitted $350k for Telehealth reimbursement
Statewide Covid-19 Testing

- Jackson Lab/UCONN Health Partnership
- First Responders
- Nursing Homes
- Ramping up to 20,000 per day by July 1
Ambulatory Re-Opening

- Employee Screening
- Continued use of Telehealth
- Epic changes
Other IT Projects

- Epic Upgrade
  - May 31st
  - Storyboard

- Epic Care Link
  - Ability for non-affiliated providers to access Epic
  - June 8
University of Connecticut
Joint Audit & Compliance Committee Meeting
Public Session
June 3, 2020
UConn – Information Technology Services

Financials FY2020 Operating

State Appropriation and Tuition Budget and Forecasted Expenditures:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>$38.57M</td>
</tr>
<tr>
<td>Forecasted Personal Services and Fringe Benefits</td>
<td>$27.47M</td>
</tr>
<tr>
<td>Forecasted Operating Expenses</td>
<td>$10.80M</td>
</tr>
<tr>
<td>Forecasted Carryforward</td>
<td>$0.30M</td>
</tr>
</tbody>
</table>

Information Technology Staffing (as of 4/30/2020)

ITS currently has 5 open searches. Two are for CEN which are funded separately. The other three cover networking, an Oracle developer and a security architect.

In addition to the 5 open searches, 4 other searches have been placed on hold. Of these, two are for security, one is for telecom, and the last is to replace a current employee in the server support group whose green card will be expiring.

Since January, ITS has also had 4 employees separate. These staff members were from networking, the PMO, security, and PeopleSoft.

Outages (as of 4/30/20)

<table>
<thead>
<tr>
<th>Outage Taxonomy</th>
<th># of Issues</th>
<th>Systems Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Issue - Hardware</td>
<td>2</td>
<td>Plant Science, North Haven Extension, Morgan Hall</td>
</tr>
<tr>
<td>Network Issue - Software</td>
<td>1</td>
<td>CoreCT</td>
</tr>
<tr>
<td>Network Issue – Request Flood</td>
<td>3</td>
<td>VPN</td>
</tr>
<tr>
<td>System Issue - Hardware</td>
<td>1</td>
<td>Network Drives</td>
</tr>
<tr>
<td>System Issue - Software</td>
<td>12</td>
<td>Jira, Confluence, Aurora, Travel Booking Tool, VDI, Kaltura, Student Admin</td>
</tr>
<tr>
<td>Third Party</td>
<td>3</td>
<td>WebEx</td>
</tr>
</tbody>
</table>

Total # of Outages: 22 (with 10 being related to COVID-19 activities/issues)
<table>
<thead>
<tr>
<th>Project Name</th>
<th>Brief Project Description</th>
<th>Planned Budget</th>
<th>Actual Spend(^1)</th>
<th>Status</th>
<th>Rational for Yellow and Red Status</th>
<th>Expected Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALR (Including Gampel Wireless)</td>
<td>Upgrade all the network equipment and wired access infrastructure for the University</td>
<td>$6.000M</td>
<td>$5.42M</td>
<td>GREEN</td>
<td>Minor Schedule Adjustments due to COVID access to Residence Halls, but adjustment being made.</td>
<td>6/30/2024</td>
</tr>
<tr>
<td>Concur</td>
<td>Implement travel and expense system</td>
<td>$3.100M(^3)</td>
<td>$1.019M</td>
<td>YELLOW</td>
<td>Budget adjusted to $1.139M. Project delays consume consultant resources before project completion.</td>
<td>4/1/2021</td>
</tr>
<tr>
<td>PageUp</td>
<td>PageUp HR Software</td>
<td>$2.200M</td>
<td>$0.368M</td>
<td>COMPLETE</td>
<td>Budget adjusted after start.</td>
<td>NA</td>
</tr>
<tr>
<td>Peoplesoft Upgrade</td>
<td>Upgrade Peoplesoft Student System (Campus Solutions) to version 9.2</td>
<td>$1.372M</td>
<td>$0</td>
<td>GREEN</td>
<td>Timeline for onboarding consultants is delayed.</td>
<td>12/1/2020</td>
</tr>
<tr>
<td>Parking</td>
<td>Upgrade Parking Software</td>
<td>$0.413M</td>
<td>$0.142M</td>
<td>YELLOW</td>
<td>DMV approval for cloud outstanding; closed due to COVID-19.</td>
<td>12/31/2020</td>
</tr>
<tr>
<td>HR Payroll Data Mart</td>
<td>Create HR Payroll data mart</td>
<td>$0.156M</td>
<td>$0.047M(^2)</td>
<td>YELLOW</td>
<td>Functional resource allocation lower than agreed upon</td>
<td>12/31/2021</td>
</tr>
<tr>
<td>Kuali Upgrade</td>
<td>Upgrade KFS 5.3 to “Current” code</td>
<td>Internal</td>
<td>Internal</td>
<td>GREEN</td>
<td></td>
<td>10/31/20</td>
</tr>
<tr>
<td>AIX Migration</td>
<td>Migrate all applications off of IBM AIX platform</td>
<td>Internal</td>
<td>Internal</td>
<td>YELLOW</td>
<td>Resource constraints causing schedule delays.</td>
<td>12/31/2020</td>
</tr>
</tbody>
</table>
University of Connecticut
&
UConn Health

Joint Audit & Compliance Committee Meeting
## Status of Audits

<table>
<thead>
<tr>
<th>Audit Project</th>
<th>UConn (UC) or UConn Health (UH)</th>
<th>Planning</th>
<th>Fieldwork</th>
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Status of Audit Findings
Aging of Overdue Management Actions by Functional Area
As of April 30, 2020

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The total number of open audits with a least one unresolved recommendation is - 56.
### Status of Audit Findings

#### Aging of Overdue Management Actions by Finding Category

**As of April 30, 2020**

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| **UConn Health**                     |         |         |         |          |         |         |         |       |
| Business Process Improvement         | 2       | 3       | 9       | 3        | 8       | 6       | 7       | 38    |
| Business Purpose                     |         |         |         |          |         |         |         | 0     |
| Documentation                        | 9       | 4       | 3       | 3        | 8       |         |         | 27    |
| Governance                           |         |         |         |          |         |         | 1       | 1     |
| Management Oversight                  |         | 1       | 3       | 4        | 2       |         |         | 10    |
| Monitoring                           | 1       | 1       | 1       | 1        |         |         |         | 7     |
| Physical Security of Assets          |         |         |         |          |         |         | 2       | 2     |
| Policy                               | 7       | 2       | 2       | 1        | 1       |         |         | 13    |
| Regulatory Compliance                 |         |         |         |          |         |         | 6       | 4     |
| Security                             | 8       | 6       | 1       | 3        |         |         |         | 18    |
| Technology                           | 5       | 2       |         | 2        | 1       |         |         | 10    |
| Training                             |         |         |         |          |         | 1       |         | 2     |
| Use of Resources                     | 3       |         |         |          |         |         |         | 4     |
| **Subtotal**                          | 36      | 18      | 20      | 19       | 22      | 15      | 12      | 142   |

| **Grand Total**                      | 66      | 43      | 33      | 36       | 47      | 23      | 38      | 286   |

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8-2.2
### Status of Audit Findings
#### Management Actions Closed By Functional Areas
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University of Connecticut & UConn Health
Joint Audit & Compliance Committee Meeting
June 3, 2020

Status of Audit Findings
Aging of Overdue Management Actions by Risk Level
As of April 30, 2020

Rating Level Descriptions:
Low: Meaningful reportable issue for client consideration that in the Auditor’s judgment should be communicated in writing. The finding results in minimal exposure to UConn or UConn Health and has little or no impact on the UConn’s or UConn Health’s compliance with laws and regulations. The issues related to this control weakness will typically not lead to a material error.

Medium: Significant exposure to the area under review within the scope of the audit. The finding results in the potential violation of laws and regulations and should be addressed as a priority to ensure compliance with UConn’s or UConn Health’s policies and procedures. The significance of the potential errors related to this control weakness makes it important to correct.

High: Significant exposure to UConn or UConn Health that could include systemic UConn or UConn Health wide exposure. The finding could result in a significant violation of laws and regulations and should be viewed as a highest priority which UConn or UConn Health must address immediately.
Did you know that there are a number of rules and regulations governing consulting activities carried out by UConn and UConn Health faculty members? Luckily, there a number of resources to assist you with understanding and meeting such requirements.

For instance, this brief educational video provides real-life scenarios and guidance for those who are planning to engage in consulting activities. View it now, by clicking below.

View the Video
Visit the Website
Read the Policy
An Accessible Digital Environment for Everyone

The University of Connecticut is committed to achieving equal opportunity to its educational and administrative services, programs, and activities in accordance with federal and state law. As UConn employees, we each have a responsibility to help make our information, communication, content, and technology accessible to people with disabilities. Want to learn more? Click below to view a brief explainer video and other University resources on this topic.

View the Video  Visit the Website  Read the Policy

TEST YOUR KNOWLEDGE

Now that you’ve engaged with these resources, be sure to take our "test your knowledge" challenge by clicking below.

GET STARTED

About Us  Join Our Listserv  Contact Us  View Other Editions

Office of University Compliance  Individual Responsibility • Institutional Success
Have you ever received a request for student records by a parent or someone who was not the subject of such records? As UConn employees, we are responsible for protecting student records and sharing such information in accordance with the Family Educational Rights and Privacy Act (FERPA). In collaboration with some of our very own UConn students, this short video was created to provide parents with general information about FERPA and to promote UConn's commitment to student privacy.

Click below to take a look and feel free to share it with others.

View the Video  Visit the Website  Read the Policy

TEST YOUR KNOWLEDGE

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GET STARTED
Virtual Medicine

Today the regulatory landscape in healthcare is changing in response to the unique circumstances of the COVID-19 public health crisis. In addition, UConn Health has had to quickly adapt how it provides patient care in order to protect both our staff and patients. One of these areas of changing regulations and adaption is providing care through virtual medicine formats such as e-visits and telehealth. So what is the difference between an e-visits and telehealth?

Q: What is an e-visit?

A: E-Visits are patient initiated communications with their provider through an online patient portal such as MyChart. E-Visits require evaluation, assessment and management of the patient.

Q: What is telehealth?

A: Telehealth consists of a real time communication between the provider and patient using an interactive audio and video telecommunications system which the provider initiates.

Other forms of virtual medicine include telephone or audio only communications, remote image evaluations and virtual check-ins. All types of virtual encounters let the patient communicate with their provider without having to come into the office. Although these encounters are not done onsite, the same documentation principles remain.

Guidance on reimbursement and/or payment for these services is changing rapidly. Staff at UConn Health are working hard to make sure that these changes are being addressed behind the scenes to ensure the least amount of disruption for our providers. Providers who have documentation and coding questions can email codinghelp@uchc.edu for assistance.
Open Payments and COVID-19

Open Payments, also known as The Sunshine Act, is a national disclosure program that promotes a more transparent and accountable health care system by making the financial relationships between applicable manufacturers and group purchasing organizations (GPOs) and health care providers (physicians and teaching hospitals) available to the public.

CMS is aware that the COVID-19 pandemic is greatly impacting the healthcare community as a whole and understands the tireless work of its healthcare providers this time. However, due to statutory limitations, CMS does not have the authority to postpone the review and dispute period of April 1 – May 15, 2020.

The review and dispute period for physicians and teaching hospitals remains April 1-May 15, 2020. In order to complete the review and dispute process, covered recipients must register in the Open Payments system.

Covered Recipients have until December 31, 2020 to initiate disputes of data published in 2020. If a new dispute is initiated after the 45-day review and dispute window (April 1-May 15), it will be published as original attested-to data in the initial data publication.

A comprehensive list of frequently asked questions about the Open Payments program is provided on the CMS website. These FAQs are reviewed and revised as needed in order to support the implementation of the program.

Welcome Bridget Richard

The Office of Healthcare Compliance is excited to welcome Bridget Richard as our newest team member. Bridget has joined our team in the role of Administrative Officer. Bridget's primary responsibilities will include managing the departments’ budget, the administrative functions of the institutions monthly Exclusions Checking Program and managing program data. Bridget will also be supporting the Healthcare Privacy Office.
Prior to joining the office, Bridget worked for the Department of Orthopedic Surgery where she was responsible for coordinating and overseeing the Orthopedic Surgery Residency Program.

Bridget holds a Bachelors of Arts from Assumption College where she majored in English with a concentration in Mass Communication and Writing.