Memo

To: Board of Curators
   University of Missouri System

From: Jennifer P. May, J.D.
       Chief Compliance Officer
       MU Health

Date: June 21, 2018

Re: Compliance Program Update

A. Executive Compliance Committee – Overview of Activities FY18
   a. General
      i. 10 meetings (monthly except December and March)
      ii. Assessed sub-committee structure (July, Oct)
      iii. Reviewed Chief Compliance Officer position (July)
   b. Topic Reports
      i. Corporate Integrity Agreement Updates
         1. Obligations Review and Status Update (July, April, May, June)
         4. Training Plan review (Nov)
         5. Annual Report comments review (Feb)
         6. Management Certifications review (April)
      ii. Compliance Reports
         1. General Program updates (monthly)
         2. Ethics and Compliance Hotline (Aug, Feb)
         3. Privacy Program Update (Sept, Oct, April)
      iii. Risk Assessment and Work Plans
         1. Internal Audit update (Sept, Jan)
         2. Risk Assessment Policy and Process (Jan)
         3. FY18 Compliance Work Plan update (April, May)
         4. FY19 proposed work plans (May, June)
      iv. Other
         2. Office of Research (Feb)
3. Conflict of Interest Reporting Process (Feb)
4. Case Management software (Feb)

B. Ethics and Compliance Hotline
   a. FY17 Year End: 57 cases, 13 referred Title VII/IX
   b. FY18 Year to Date: 54 cases, 13 referred to Title VII/IX
      i. FY18 Q1: 17 cases; all closed, 4 referred
      ii. FY18 Q2: 23 cases; 3 pending, 7 referred
      iii. FY18 Q3: 13 cases; 5 pending, 2 referred

C. Bias Hotline
   a. CY 2017 Year End: 16
   b. CY 2018 to date: 5
   c. Transition to single hotline
      i. Discussions ongoing to update hotline reporting system and integrate both the Ethics and Compliance Hotline and Bias Hotline to eliminate confusion and provide a single portal for individuals to report and for the organization to manage cases.

D. Compliance Program Update
   a. Training and Education
      i. CIA-mandated training transitioned to internal learning management software platform, Saba
      ii. As of May 31, 98.3% of current employees completed training modules
         1. Ongoing efforts to ensure completion by all employees
         2. rolling process with HR to identify new employees
      iii. Orientation for all new employees on the Code of Conduct (bi-weekly)
      iv. Implemented new live training session to educate leaders (managers and above) on the Code of Conduct; three sessions conducted during FY18 with over 60 participants
   b. Management Certifications
      i. Annually, certifications of compliance must be made by management level personnel, as identified by title in the CIA
      ii. Process will be completed by June 30, 2018 (end of the reporting period)
   c. Exclusion Screening
      i. Monthly checks conducted by a vendor
ii. No identified issues to date

iii. April 2018 – engaged with a new screening vendor; working on an updated review of all employees and vendors (12,000+ records); anticipate completion in late June

d. Monitoring and auditing projects scheduled for FY18 will be completed on time. This included:
   i. 14 audits covering coding accuracy
   ii. 5 audits focused on documentation sufficiency
   iii. 2 reviews of the 340B Drug Pricing Program
   iv. 14 projects covering various topics, including Diagnostic Cardiac Catheterizations, Denials Identification and Processing, Medicare Outpatient Observation Notice (MOON) Processes, Two-Midnight Rule Compliance, Advance Practice Professionals Oversight Obligations, Transcatheter Aortic Valve Replacement (TAVR) Program Compliance, and Primary Care Exception Clinics.

e. Risk Assessment and Compliance Plan for FY19
   i. Completed risk assessment in collaboration with UM System Internal Audit Services
   ii. Interviewed stakeholders from hospital and academic units (15 meetings)
   iii. Proposed Compliance Plan for FY19 includes:
      1. Review of processes to establish, maintain and update staff education to ensure accurate documentation, ordering, and the resulting accuracy of coding and billing.
      2. Procedure development for fair market value and commercial reasonableness determinations in support of physician services proposals, and documentation of rate development and assumptions to support contracting decisions.
      3. Compliance infrastructure reviews related to new and established collaborations with local provider groups, both pre- and post-affiliation.
      4. Monitoring of regulatory changes to codes, procedures, drugs and medical devices, assessment of the impact to the organization of these changes, and development of policies, procedures and monitoring efforts to support impacted areas.
      5. Development of standard processes for review, editing, education and monitoring related to Compliance policies and procedures.
6. Projects will also be identified and scoped based on Annual Report comments from the OIG as well as IRO audit findings.