

University of Illinois Hospital & Health Sciences System (UIHHSS)
Semi-Annual Compliance Report to the University of Illinois Board of Trustees

The Compliance Organization continues to function within UI Health to maintain the high quality standards demanded in the clinical environment. We have made progress on several fronts:

1. **Planning:** The Compliance Committee for Business Operations supervised the revisions to the Compliance Plan for the healthcare operations. The edits updated the program and reflected the organizational progress made since the plan was first created ten years ago. The Vice President for Health Affairs has initiated a comprehensive review of existing hospital and professional practice plan quality and compliance programs with emphasis on assessment of current organizational readiness within healthcare regulatory and compliance domains. This review is the basis for additional revisions to the Compliance Plan that will be submitted for Board of Trustees review and approval in calendar year 2013.
2. **Health Insurance Portability and Accountability Act (HIPAA) Information and Technology/Privacy Issues:** Under a Presidential directive to bring the organization into compliance with HIPAA (the privacy and security law for health care information), a computer security committee for the medical campus was initiated under the authority of the Compliance Officer. This committee was focused on insuring the protection of personal health information external to the UIHHSS electronic medical record system. The Committee is now formally connected to the Academic Computing and Communications Center (ACCC) which is responsible for the campus-computing environment. The Director of ACCC is Cynthia Herrera-Lindstrom who reports to Executive Chief Information Officer Michael Hites as well as to Chicago campus Provost Lon Kaufman. Appropriate policies have been adopted to improve campus information security for high-risk information.

The Privacy Office addresses privacy issues with annual training sessions required of health care workers and a robust system to investigate breaches of privacy. The HIPAA Sanction Policy and the Breach Notification Policy outline the investigation, levels of sanctions and mandatory reporting processes. The HIPAA breach notification rule requires prompt notification to the impacted individuals, the Department of Health and Human Services, and the media in cases where a breach affects 500 or more individuals. Breaches affecting fewer than 500 individuals are reported annually to the Department of Health and Human

Services. All individuals affected by the breach are notified via mail within 60 days of the breach discovery. Fines may be imposed for failure to report such breaches. We are in compliance with this reporting requirement. Below is a summary of UIHHSS reported breaches for the last three completed fiscal years:

Breach Notification Category	FY09 Cases	FY10 Cases	FY11 Cases
>500 Individuals Affected	0	0	0
<500 Individuals Affected	0	13	20
Total	0	13	20

Additionally, we are in the process of extending training to selected sites on the Urbana campus to assist with compliance of a new business associates agreement initiated by the National Center for Supercomputing Applications. The investigators and computer personnel will be using a program created for the clinical research investigators on the Chicago campus.

3. Progress on Financial Compliance

- a. The Federal Trade Commission passed a set of regulations to address identity theft known as the Red Flag Rule that went into effect in June, 2010. We work with the authorities and the victims to resolve any identity theft that may arise from our systems and to prevent their recurrence. We are in compliance with the requirements for Red Flag.
- b. Examination of clinical documentation continues to be a compliance focus. Given the size and complexity of our clinical environment, there is always an opportunity to improve the training for adhering to federal guidelines for the content of the medical record. We have been working through each of the departmental practices with an electronic tool to correlate bills to documentation that is proving very successful at identifying processes and clinicians for improvement. The programs are being expanded to all the health science colleges.
- c. The Compliance Committee for Business Practices reviewed information from federal authorities identifying areas targeted for investigation as well as risk information internal to the Chicago campus to establish a work plan of priorities for the coming year. This is to assure continued vigilance of at-risk processes within the Medical Center. We communicate with the Enterprise-Wide Risk Management Program of the University to coordinate our activities with University Administration.