

# **UI Health**

# **Compliance Program**

# ANNUAL REPORT



FY2023

JULY 2022 THROUGH JUNE 2023



October 15, 2023

University Healthcare System Committee of the University of Illinois Board of Trustees

352 Henry Administration Building, MC-350

Urbana, IL 61801

Dear Committee Members,

I am honored to present to you the FY2023 UI Health Compliance Program Annual Report. As we reflect on the accomplishments and challenges of the past year, I am reminded of the exceptional commitment of the entire UI Health family to our compliance program. I extend my deepest gratitude to our UI Health teams for their dedication and integrity which allows us to maintain the highest standards of compliance and ethical conduct.

In an ever-changing healthcare landscape, our compliance program represents our unwavering commitment to serving our patients, their families, our community, and each other—with the utmost transparency and ethical excellence. Our compliance program is not a standalone endeavor and is being woven into the fabric of our organization more and more each day. Our program is about ensuring that every interaction and decision aligns with our ICARE values of inclusion, compassion, accountability, respect, and excellence.

The pages of this report provide an overview of our compliance program's achievements over the past year. These achievements are a testament to our collective efforts. Looking ahead, we acknowledge the presence of both opportunities and challenges. Our compliance program remains ready to meet both, head-on.

I look forward to continued partnership with you in maintaining and strengthening our compliance program. Together, we will continue to inspire trust, provide exceptional care, and set new standards of excellence.

Sincerely,

Crystal Singleton, JD, CHC, CRCR

Chief Compliance

Reported to the Board of Trustees

November 16, 2023

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## **Executive Summary**

In FY2023 UI Health continued in its commitment to upholding the highest standards of compliance and ethical conduct in healthcare. This annual report provides an overview of the achievements of our compliance program over the past year.

The compliance program plays a critical role in ensuring that we adhere to regulatory requirements, maintain the trust of our patients and community, and deliver exceptional healthcare. In collaboration with staff and leadership across the organization, the compliance program has achieved significant milestones in its journey towards program maturity. Below are a few of these accomplishments.

**Key Achievements and Highlights**

* Appointment of a Chief Compliance Officer: In August 2022 the Compliance Program welcomed Crystal Singleton, JD, CHC, CRCR as Chief Compliance Officer, transitioning from interim Chief Compliance Officer Linda Howard. The appointment of this role is a critical and necessary step in program development.
* Established an Executive Hospital Compliance Committee: The University of Illinois Hospital and Clinics Executive Hospital Compliance Committee was established to provide greater governance and transparency into its compliance risks. This committee is chaired by the University of Illinois Hospital and Clinics Interim Chief Executive Officer, Dr. Mark Rosenblatt.
* Continuous monitoring of the post-PHE regulatory landscape: The COVID-19 Public Health Emergency (PHE) ended on May 11, 2023. The end of the PHE brought with it numerous regulatory changes that reset healthcare operations to a new normal for the post-PHE environment for the near term. There remain many regulatory uncertainties. These changes have required continuous compliance monitoring and the timely communication of guidance to the appropriate operational leaders.
* Updated policies, procedures, and compliance training: In FY2023 the Compliance Program established several critical programmatic policies on core compliance functions such as required compliance training and the sanctions and exclusion screening process. Additionally, compliance education and training was provided to all newly hired staff and current employees.
* Provided guidance and consultation: The Compliance Department continues to be a trusted source of information and guidance on regulatory matters. In FY23 more than 200 inquiries were managed and resolved. The Compliance Department is a go-to resource for all levels of the organization.

While significant progress has been made in the year gone by, there remains ample opportunity for growth and further development of the compliance program. In the year ahead, we are committed to strengthening our compliance program by prioritizing the below strategic initiatives for the program.

Future Strategic Initiatives

* Perform a Compliance Program self-evaluation: Compliance programs are expected to self-evaluate and mature. In its most recent guidance, the Department of Justice has emphasized the importance of periodic testing and continuous improvement. In keeping with this directive, our program will undertake a formalized self-assessment process to determine areas of strength and vulnerability.
* Developing a formalized risk assessment process: Risk assessments are an essential tool for compliance program development because they allow greater insights into potential areas of vulnerability. A compliance risk assessment process will deepen our awareness of our areas of opportunity and allow us to prioritize our limited resources to ensure that the highest risks receive the greatest resources.
* Developing and implementing an annual comprehensive compliance workplan: Annual compliance workplans reflect the proactive activities of the compliance program. Invariably, compliance workplans and priorities are interloped by unexpected events. Carefully crafted workplans bring focus to compliance program activities and help to ensure that the program is achieving its long-term goals.
* Hiring necessary compliance staff: Appropriately resourcing of the compliance function is essential for the program to live up to its mandate. In the year ahead, the Compliance Department will be assessing its needs and hiring appropriate staff. Committing appropriate resources to the compliance program is one avenue by which we demonstrate our commitment to ethical conduct.
* Improving our process for compliance investigations: Promptly responding to and resolving reported concerns is at the heart of our compliance program. We take every report seriously and are committed to a thorough and unbiased investigation of reported concerns. In the year ahead we will formalize our procedures for investigation and improve our communication and documentation. These efforts will strengthen our investigation data which will translate into deeper insights about the organization and potential risk areas.
* Raising compliance program awareness within the workforce: The Compliance Department is a resource that is available to every employee to assist them in getting the information they need to do their job in a compliant and ethical manner. Ensuring awareness of the compliance program will be a priority for FY24 and beyond. Effectively communicating the role of the Compliance Department and the available avenues for support and communication will be a top priority.

In the year ahead, we will remain committed to the above-described initiatives which are designed to further strengthen our compliance program and align us to the best practices for healthcare compliance programs. We will also remain vigilant in adapting to regulatory changes that may arise in the coming year. As we move forward, we are confident that our compliance program will continue to be a cornerstone of our organization's success.

## **Compliance Program Overview**

Healthcare today is delivered in an increasingly complex regulatory environment. Over 40 federal agencies alone have written rules and regulations concerning the provision of services and business operations in hospitals and ambulatory settings. Non-governmental organizations, which act as accrediting bodies for many healthcare entities, additionally set rules and regulations within the environment. Likewise, state and local laws are applicable. Given the lack of harmonization to these many tiered laws, rules, and regulations, it is understandable that interpretation and implementation is a challenge for any healthcare entity. Additionally, Compliance programs are an important part of the state and federal enforcement response to fraud, waste, and abuse. When institutions put effective compliance programs into place, they can reasonably expect to be given favorable consideration and moderated penalties in instances of improper or unlawful practices.

Effective compliance also serves to reduce the likelihood of civil or criminal fraud investigation and the serious sanctions which can result from improper billing and other prohibited practices. It is sobering to recognize that the essential elements of a compliance program were initially identified in the 1991 Federal Sentencing Guidelines, a uniform policy for sentencing criminal defendants. The core elements of effective compliance are critical to the development of the compliance program and are listed below.

Elements of an Effective Compliance Program

1. Designation of a Compliance Officer and a Compliance Committee

2. Written Policies and Procedures

3. Effective Lines of Communication

4. Effective Training and Education

5. Auditing and Monitoring

6. Corrective Action and Enforcement through well-publicized guidelines

7. Risk Assessments and Mitigation

8. Exclusion and Sanction Screening

9. Documentation and Recordkeeping

10. Third Party Vendor Management

11. Mergers and Acquisitions

12. Continuous Improvement, Periodic Testing and Review

In 2023 the Department of Justice (DOJ) updated its guidance *Evaluation of Corporate Compliance Program* where it outlines standards to assist prosecutors in making informed decisions regarding the effectiveness of corporate compliance programs. The DOJ in this guidance recognizes the below listed three questions as “fundamental questions” in determining compliance program effectiveness.

1. *Is the corporation’s compliance program well designed?*
2. *Is the program being applied earnestly and in good faith? In other words, is the program adequately resourced and empowered to function effectively?*
3. *Does the corporation’s compliance program work in practice?*

As we continue our journey toward program maturity, the above guidance is foundational to the infrastructure of the compliance program. Considering the guidance, we are committed to implementing a program that meets all applicable standards for effectiveness.

## Purpose and Objective of the UI Health Compliance Program

The UI Health Compliance Program establishes the compliance standards for all clinical areas that fall under the responsibility of the Vice Chancellor for Health Affairs. This includes the University of Illinois Hospital and Clinics, the Health Science Colleges (Medicine, Pharmacy, Nursing, Public Health, Dentistry, Allied Health, and Social Work) and their regional sites, as well as off campus clinical programs, and the Mile Square Federally Qualified Health Center. It is imperative that all employees in this academic health science environment be familiar and compliant with all necessary laws and regulations applicable to their tasks. It is our intent to create a just culture of compliance that meets the needs of our patients while also meeting all applicable healthcare laws and regulations.

Compliance programs serve to outline the organizational commitment to operating in accordance with applicable laws and regulations. The Compliance Program does not replace operational programs nor temper the responsibilities of operational leaders. Rather, the compliance program’s focus is on establishing the framework in which our organization will operate and assisting in the identification of any gaps between compliance requirements, existing policies and procedures, and actual practice.

When successful, the program should:

* Maintain and enhance the quality of care delivered;
* Help demonstrate good faith, and ongoing efforts to comply with all applicable laws as well as Codes of Conduct;
* Create, revise, clarify and assist in the implementation of policies and procedures to enhance compliance;
* Conduct appropriate training and education aimed at ensuring personnel understand the legal requirements applicable to their function and the organizational activities;
* Empower responsible personnel to detect and prevent instances where business practices fail to adhere to legal requirements;
* Assist responsible personnel in detecting, responding to, and resolving issues related to conduct that may fail to conform with applicable laws and regulations;
* Establish functional monitoring and oversight processes that assist in assuring that operations meet compliance standards and the expectations of governmental program authorities;
* Establish functioning mechanisms which assist personnel in reporting concerns or problems relating to compliance;
* Support a culture that welcomes and supports all personnel who raise questions and concerns about compliance issues and ensure those concerns are addressed; and
* Enhance communications with governmental entities and assure proper and consistent responses to regulatory inquiries, audits or investigations.

Our UI Health Compliance Program is founded on a comprehensive framework that includes policies, procedures, training, monitoring, reporting mechanisms, and investigations. This framework is designed to address the unique compliance challenges faced in our healthcare enterprise. When our program succeeds in its purpose and objectives, the result is a culture of compliance and ethical conduct that permeates every level of our organization.

## Related University Programs

The UI Health Compliance Program exists within a robust framework of internal controls aimed at addressing legal, compliance, and ethical considerations for the University of Illinois. The UI Health Compliance Program enjoys close collaboration with each related unit throughout the University of Illinois System including: the University Ethics and Compliance Office, University Counsel, Office of University Audits, and the Office of the Vice Chancellor for Research. While each is distinct in its charge, our collective organizational integrity is enhanced by the collaboration shared between our respective areas. University employees are subject to a wide range of State of Illinois and University rules and regulations that have a bearing on compliance, including the University of Illinois Code of Conduct, the Illinois Procurement Code, and the Illinois Governmental Ethics Act. While recognizing the primacy of these regulations, staff are also aware of the need to apply the concepts presented in these governing documents to the healthcare environment. The UI Health Compliance Program, in collaboration with our counterparts throughout the University, communicates our broadly held expectations in a manner more specific to healthcare and is inclusive of its unique nuances.

## UI Health Compliance Program Risk Areas of Focus

The UI Health Compliance Program is charged with evaluating, monitoring, and mitigating risks that arise from our healthcare delivery enterprise. Our program utilizes a risk-based approach to determining program areas of focus. While the program has broad authority and oversight over adherence to all applicable laws and regulations, areas of focus for the program are determined based on the magnitude of risk. The program’s areas of focus are derived from a variety of internal and external sources including organizational risk assessments, investigation outcomes, industry best practices, government enforcement activities, mandates, and workplans. Current areas of focus include:

* Fraud, waste, and abuse in the federal healthcare programs
* Claim Accuracy
  + Proper coding and billing
  + Accurate clinical documentation
  + Billing for items or services not actually rendered
  + Providing medically unnecessary services
  + Upcoding or “DRG creep”
  + Outpatient services rendered in connection with inpatient stay
  + Requirements for teaching physicians and residents at teaching hospitals
  + Duplicate billing
  + Billing for discharge in lieu of transfer
  + Patients’ freedom of choice
  + False cost reports; and
  + Unbundling
* Clinical conflicts of interest and external relationships with the healthcare industry
* Relationships and arrangements involving referral sources (The Stark Law and Anti-Kickback Statute)
* Joint Ventures
* Third-Party Relationships
* Relationships with federal healthcare program beneficiaries (inappropriate patient inducements and violations of the CMP)
* Failure to provide required care (EMTALA)
* Protection of the patient’s right to privacy in their healthcare (HIPAA)
* Exclusion and sanctions screening
* External audits and related responses
* Violations of organizational policies and procedures

Additional risk areas may from time to time be identified and added to the scope of the program.

## **Key Achievements and Highlights**

In FY23, the UI Health Compliance Program achieved significant milestones and made substantial progress in its journey toward program maturity. These achievements are a testament to our commitment to transparency, accountability, and ethical conduct in healthcare. Here are some of the key accomplishments that highlight our successful year:

1. Appointment of a Chief Compliance Officer:

One element of an effective compliance program is the designation of a compliance officer. The Department of Health and Human Services Office of Inspector General (OIG) has stated that the compliance department should be led by a well-qualified compliance officer, who is a member of senior management. The OIG has also advised that the compliance officer should have direct access to the governing body, the chief executive officer, all senior management, and legal counsel. Additionally, the compliance officers should have a good working relationship with other key operational areas, such as internal audit, billing, and clinical departments. The compliance officer is also expected to make regular reports to the board of directors and other hospital management concerning different aspects of the hospital compliance program.

Our program has achieved each of these objectives established by the OIG. In August 2022 the program welcomed Crystal Singleton, JD, CHC, CRCR as Chief Compliance Officer, transitioning from Interim Chief Compliance Officer Linda Howard. The appointment of this role was a critical and necessary step in program development. By appointing a full-time, dedicated Chief Compliance Officer, we have demonstrated our commitment to implementing a robust compliance program. The Chief Compliance Officer is also appropriately situated within the organization. The Chief Compliance Officer is a member of the hospital executive team and reports directly to the Chief Executive Officer. The Chief Compliance Officer also enjoys access to all members of senior leadership and all other key operational area leaders. The Chief Compliance Officer also enjoys direct access to the Board of Trustees and routinely reports to the Board of Trustees University Healthcare System Committee. The below section outlines the duties and responsibilities of the Chief Compliance Officer which are in keeping with requirements articulated by the OIG. The job duties of the Chief Compliance Officer are to:

* Develop, implement, maintain, and revise policies and procedures for the general operation of the Compliance Program and its related activities to prevent illegal, unethical, or improper conduct. Mange day-to-day operation of the Program.
* Develop, review, and update the Hospital’s Code of Conduct to ensure continuing currency and relevance in providing guidance to management and employees.
* Collaborate with other units (e.g., Risk Management, Internal Audit, Employee Services, University Ethics and Compliance Office) to direct compliance issues to appropriate existing channels for investigation and resolution. Consult with the University attorneys as needed to resolve legal compliance issues.
* Respond to alleged violations of rules, regulations, policies, procedures, and Standards of Conduct by evaluating or recommending the initiation of investigative procedures. Assist in the development of monitoring systems for uniform handling of such violations across multiple administrative venues.
* Coordinate with deans and unit compliance officers on compliance matters related to the clinical operations and services plans of the seven UIC health sciences colleges. This includes reviewing the compliance plans and processes being accomplished by and under the auspices of each of the health sciences colleges.
* Act as an independent review and evaluation body to ensure that compliance issues and concerns within the organization are being appropriately evaluated, investigated, and resolved.
* Identify potential areas of compliance vulnerability and risk; direct the development and implementation of corrective action plans by line authority for resolution of problematic issues; and provide general guidance on how to avoid or mitigate similar situations in the future. Provide reports and apprise the University of Illinois Board of Trustees, UIC Vice Chancellor for Health Affairs, Chief Executive Officer, and other senior management (as needed) information regarding the operation and progress of compliance efforts.
* Assure proper reporting of violations or potential violations to duly authorized enforcement agencies as appropriate and/or required.
* Establish and provide direction and management of the compliance hotline.
* Institute and maintain an effective compliance communication program for the organization, including (a) promoting use of the compliance hotline; (b) heightened awareness of Codes of Conduct; and (c) understanding of new and existing compliance issues and related policies and procedures.
* Collaborate with the Human Resources Department and others as appropriate to develop an effective compliance training program, including appropriate introductory training for new employees as well as ongoing training for all employees and managers.
* Coordinate with the University’s Human Resources Office to ensure that the criminal and sanction databases have been appropriately checked with respect to all employees, medical staff and independent contractors.
* Monitor the performance of the Compliance Program and related activities on a continuing basis, taking appropriate steps to improve its effectiveness.
* Develop and implement use of pertinent monitoring tools across the spectrum of UI Health. May take operational responsibility for the maintenance and advancement of some of these tools as seen fit by management.
* Ensure that independent contractors and agents who furnish healthcare related products and services to the University are aware of the Compliance Program requirements with respect to coding, billing, marketing, and other regulated business activities.
* Embrace a collaborative approach to decision-making and communications among all of UI Health. This includes executive and medical staff leaders, hospital leadership (including direct reports and all other management/leadership), hospital staff and medical faculty. Recognizes the symbiotic and intertwined relationship between the hospital and College of Medicine.

2. Established an Executive Hospital Compliance Committee

The OIG recommends that compliance committees be established to advise the compliance officer and assist in the implementation of the compliance program. In FY23, the University of Illinois Hospital and Clinics Executive Hospital Compliance Committee was established to provide greater governance and transparency into compliance risks. This committee is chaired by the University of Illinois Hospital and Clinics Interim Chief Executive Officer, Dr. Mark Rosenblatt. The Committee is charged to do the following:

* Analyze the organization’s industry environment, the legal requirements with which it must comply, and specific risk areas
* Assess existing policies and procedures that address these areas for possible incorporation into the compliance program
* Work with appropriate hospital departments to develop standards of conduct and policies and procedures to promote compliance with the program
* Recommend and monitor, in conjunction with the relevant departments, the development of internal systems and controls to carry out the organization’s standards, policies and procedures as part of its daily operations
* Determine the appropriate strategy/approach to promote compliance with the program and detection of any potential violations, such as through hotlines and other fraud reporting mechanisms
* Develop a system to solicit, evaluate and respond to complaints and problems
* Oversee the Compliance Program, including review and approval of the Compliance Risk Assessment, Annual Workplan, Compliance Education Plan, audit and monitoring results, hotline investigations outcomes, and proposed policies
* Review and approve corrective action plans to address substantial compliance matters including actual or potential repayments or self-disclosures; and
* Ensure that the Compliance Department is appropriately resourced including human resources, equipment, access to Hospital systems, records and data as necessary to carry out compliance activities.

3. Continuous monitoring of the post-PHE regulatory landscape

The COVID-19 Public Health Emergency (PHE) ended on May 11, 2023. The preceding months of the PHE were nothing short of extraordinary. It is important that we stop to recognize the dedication and selflessness demonstrated by all our UI Health staff during these adverse and uncertain times. It is truly remarkable the ways that our various departments and teams have come together to face crisis head-on and have continued to provide exceptional care to our patients and support our community. We are reassured by the ways that our staff stepped up and met the challenges of PHE on behalf of our patients and community when they needed us the most, and for that we should all be exceedingly proud.

The end of the PHE brought with it numerous regulatory changes that reset healthcare operations to a new normal for the post-PHE environment for the near term. There remain many regulatory uncertainties. The below list outlines several of the key areas of regulatory impact during and after the PHE.

* Telehealth Expansion
* Waivers and Flexibilities (Conditions of Participation)
* Temporary Licensure for healthcare workers
* Drug and Treatment Approvals
* Vaccination and Masking policies
* Enhanced Payments for COVID-19 related care
* Supervision of resident physicians

These areas of impact have required continuous compliance monitoring and the timely communication of guidance to the appropriate operational leaders. The Compliance Department has worked hand-in-hand with operational units throughout the organization on interpreting, synthesizing, and communicating regulatory changes to the relevant areas. This nimble collaboration and communication have served us well and allowed us to pivot our operations in a timely fashion to remain compliant with regulatory changes.

4. Policy and Procedure Updates / Compliance Training

Written policies and procedures are foundational. The OIG has stated that every compliance program should have written policies that address key risk areas, and these policies should be coordinated with appropriate training and education. Policies should contain clear and detailed statements of requirements. In FY23 the compliance program established several critical programmatic policies on core compliance functions. Newly adopted policies are listed below:

* LD 5.02 Review & Revision of Existing Compliance Policies & Procedures
* LD 5.03 As-Needed Compliance Education, Training & Guidance
* LD 5.04 Fraud, Waste and Abuse Annual Compliance Training Program
* LD 5.05 Prevention of Fraud Waste and Abuse
* LD 5.06 Sanction & Exclusion Screening Requirements

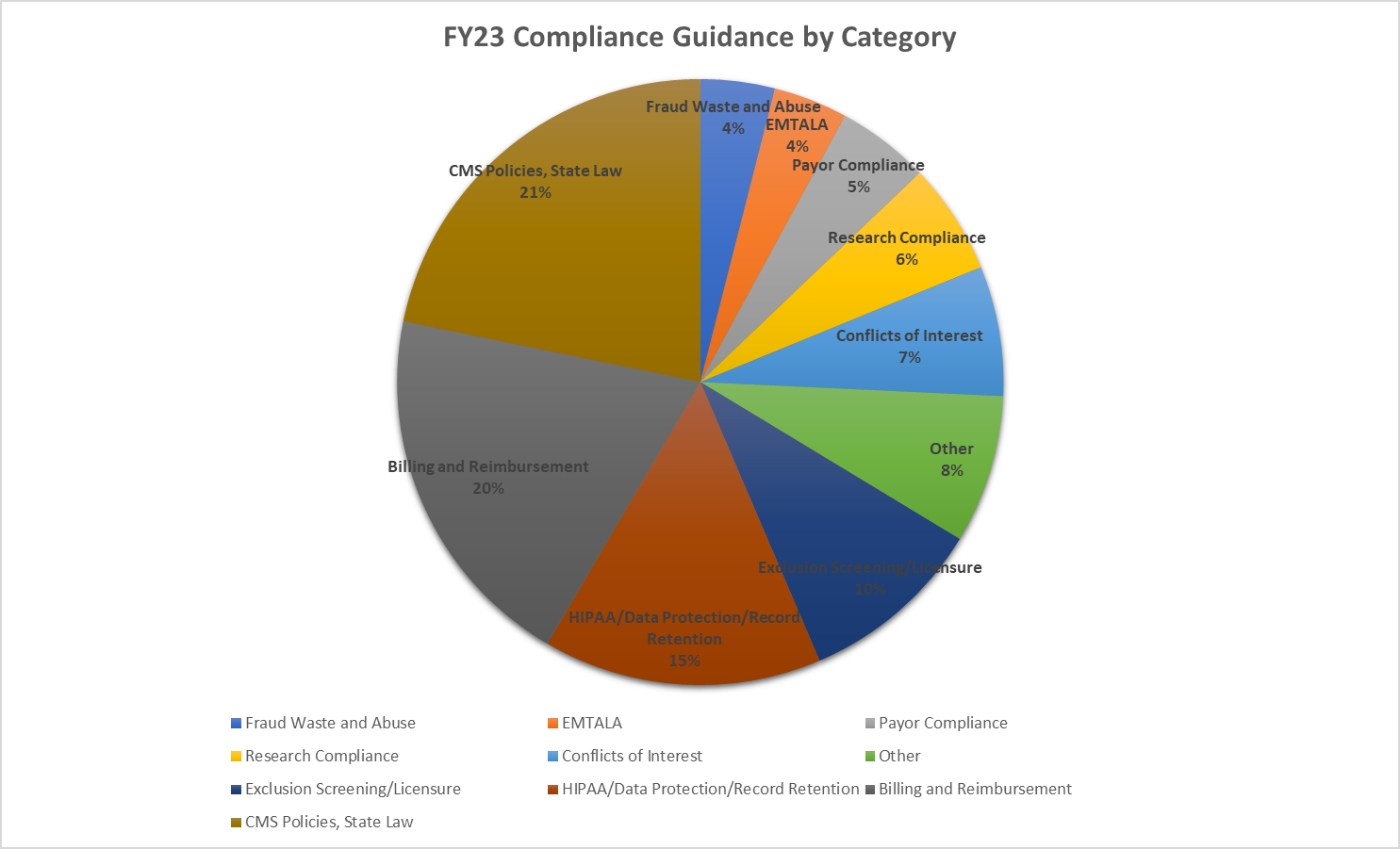
Collectively, these policies outline the framework for our required compliance education program, general expectations around fraud, waste and abuse, and our process for screening for sanctions and exclusions. Each policy addresses a necessary element of the compliance program.

In addition to policy development, compliance education and training was provided to all current and newly hired staff. The below table describes the general compliance education that was provided to all staff and corresponding completion rates for each course.

|  |  |  |
| --- | --- | --- |
| **Compliance Education Course Title and Purpose** | **Education Deliver Method** | **Completion Rate** |
| ***General Compliance Education*** – provides an overview of the Code of Conduct, the compliance program, and requirements for complying with all applicable laws and regulations; course requires testing to receive credit | Virtual | 95% |
| ***Fraud Waste and Abuse Education (FWA)*** – provides an overview of FWA laws and regulations. Describes reporting obligations and whistleblower protections; course requires testing to receive credit | Virtual | 95% |
| ***EMTALA Training*** – provides an overview of EMTALA obligation and provides scenario-based explanations of EMTALA obligation; course requires testing to receive credit | Virtual | 95% |

5. Compliance Guidance and Consultation

The Compliance Department continues to be a trusted source of information and guidance on regulatory matters. In FY2023 more than 200 inquiries were managed and resolved. The Compliance Department is a go-to resource for all levels of the organization. Requests for guidance on billing and reimbursement, CMS policies, and HIPAA Privacy continue to dominate. This is a very positive indicator for our organization because it reflects the proactive posture of our teams. When Compliance is sought out proactively it allows for early intervention and prevents errors from occurring. The table below reflects the guidance provided by area.



|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Percentage** | **Category** | **Percentage** |
| Fraud, Waste and Abuse | 4% | Conflicts of Interest | 7% |
| Research Compliance | 6% | HIPAA/Data Protection | 15% |
| Exclusion Screening/Licensure | 10% | Payor Compliance | 5% |
| CMS Policies/State Law | 22% | Billing and Reimbursement | 20% |
| EMTALA | 4% | Other | 8% |

# **“Tone at the Top”**

Maintaining a culture of compliance and ethical excellence begins with leadership commitment and extends throughout the entire organization. In FY23 UI Health continued to prioritize the establishment of a positive "Tone at the Top" and engaged its staff in our compliance efforts. This commitment to compliance has been expressed time and time again by our Vice Chancellor for Health Affairs, Dr. Robert Barish, and former Chief Executive Officer Michael Zenn. Not only has Mr. Zenn often emphasized the importance of compliance to his direct reports and staff but also actively engaged with compliance by serving as chair of the Executive Hospital Compliance Committee. In a similar manner, current Interim Chief Executive Officer Dr. Mark Rosenblatt continues to set an appropriate tone and commitment to compliance and ethical conduct. We extend our heartfelt gratitude to our UI Health leadership team and this Board Committee for its unwavering support and commitment to our compliance program.

## **A Look Ahead**

Perform a Compliance Program self-evaluation

One required element of an effective compliance program is continuous improvement and periodic testing. Compliance programs are expected to improve and evolve over time. It is critical that we dedicate time and resources to reflect on our current state and evaluate our processes to ensure that they are serving us well in our current environment. We must also remain proactive about incorporating lessons learned from past programmatic experiences. These lessons may arise from audits, monitoring activities or even enforcement actions. Compliance programs are expected to self-evaluate and mature over time.

In keeping with this goal, our program will undertake a formalized self-assessment process to determine areas of strength and vulnerability. In the year ahead, we will review our current program against the required elements of a compliance program to determine our current level of effectiveness and implementation on each. This information will allow us to develop future plans for program enhancement.

Developing a formalized risk assessment process

Compliance programs are required to invest resources in detecting and preventing noncompliance. Risk assessments are an essential tool for program development because they allow greater insights into potential areas of vulnerability. A compliance risk assessment process will deepen our awareness of our areas of opportunity and allow us to prioritize our limited resources to ensure that the highest risks receive the greatest resources.

In the year ahead, we will develop a process to solicit feedback from our key stakeholders to understand their concerns regarding compliance risks that may be within their areas of control. We will seek to not only collect this feedback but also to develop a methodology to prioritize and assess the risks that are shared. This information will then be utilized in the development of a compliance workplan to address the identified risks.

Developing and implementing an annual comprehensive compliance workplan

Annual compliance workplans reflect the proactive activities of the compliance program. In the year ahead we will identify specific audits and monitoring activities needed to ensure that internal controls are in place and are effective at preventing deviations from organizational policies and procedures. Workplan items will also include projects aimed at closing regulatory policy or process gaps within the organization or the compliance program itself.

Invariably, compliance workplans and priorities are interloped by unexpected events or organizational demands. It is essential that compliance programs remain agile and ready to meet organizational needs, which are often dynamic. A carefully crafted workplan will bring focus to our compliance program activities and help to ensure that the program is achieving its long-term goals and sustains its movement toward program maturity.

Hiring necessary compliance staff

Appropriate resourcing of the compliance function is essential for the program to live up to its mandate. In the year ahead, the Compliance Department will be assessing its needs and hiring appropriate staff. Committing appropriate resources to the compliance program is one avenue by which we demonstrate our commitment to ethical conduct. The development of the workplan will work synergistically with the development of the staffing plan as the workplan will serve as the primary statement of the needed work effort.

Improving our process for compliance investigations

Promptly responding to- and resolving reported concerns is at the heart of our compliance program. We take every report seriously and are committed to thorough and unbiased investigation of reported concerns. In the year ahead we will formalize our procedures for investigation and improve our communication and documentation. These efforts will strengthen our investigation data which will translate into deeper insights about organizational risk areas.

Raising compliance program awareness within the workforce

The Compliance Department is a resource that is available to every employee to assist them in getting the information they need to do their job in a compliant manner. Ensuring awareness of the compliance program will be a priority for FY24 and beyond. Effectively communicating the role of the Compliance Department and the available avenues for support and communication will be a top priority for the year ahead.

## **Conclusion**

In FY2023, the UI Health Compliance Program embarked on a journey marked by commitment to uphold the highest standards of compliance and ethical conduct in healthcare. As we conclude this annual report, we express our sincere gratitude to the UI Health leadership and staff for supporting the program.

Throughout this year, our compliance program has been instrumental in guiding our organization through the complex landscape of post-PHE healthcare regulations. We have achieved significant milestones, including the appointment of key leaders, establishing a committee, implementing critical policies and procedures, and providing compliance guidance and consultation.

The "Tone at the Top" set by our leaders and the active engagement of staff further exemplify our dedication to compliance excellence. As we look ahead, we are cognizant of both the challenges and opportunities. The healthcare landscape will continue to evolve, and our commitment to adapt, improve, and excel will remain steadfast. In the upcoming year we will prioritize completing a program self-evaluation, developing a process for risk assessment, adopting a program workplan, hiring staffing, improving our investigation process, and raising program awareness.

Our heartfelt thanks go to the Board of Trustees, for your support, and commitment to our compliance program. We look forward to continuing our mission of upholding the highest compliance standards.